

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000008522

FILED  
May 13, 2010  
Secretary of State

**Entity Name:** THE WOMEN'S HEALTH INSTITUTE, LLC

**Current Principal Place of Business:**

10131 FOREST HILL BOULEVARD  
SUITE 130  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

11924 FOREST HILL BOULEVARD  
SUITE 22, NUMBER 313  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 76-0784432      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BERNSTEIN, GLEN C  
11924 FOREST HILL BOULEVARD  
SUITE 22-313  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BERNSTEIN, SARA J  
Address: 11924 FOREST HILL BLVD., SUITE 22-313  
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM  
Name: BERNSTEIN, GLEN C  
Address: 11924 FOREST HILL BLVD., SUITE 22-313  
City-St-Zip: WELLINGTON, FL 33414 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLEN BERNSTEIN

MGRM

05/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date