

# **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:**

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

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

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