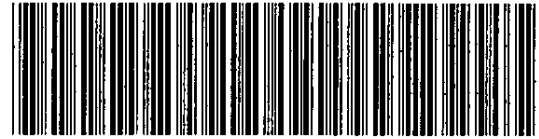


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06/30/08--01045--018 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

M.
M. THOMAS

JUL 1 - 2008

E
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDWOOD MEDICAL CENTER, LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JOANNE GANNON
(Contact Person)

BERT R. OLIVER, P.A.
(Firm/Company)

955 NW 17TH AVENUE - BUILDING D
(Address)

DELRAY BEACH, FL 33445
(City/State and Zip Code)

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TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

JOANNE GANNON at (561) 869-3000 EXT 304
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$25 Filing Fee

\$55 Filing Fee &
Certified Copy

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

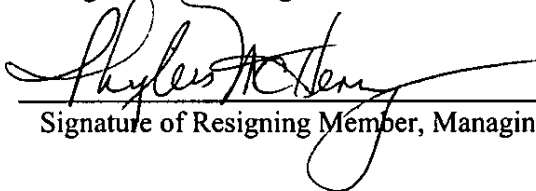
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: REDWOOD MEDICAL CENTER, LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L08000062722

4. I, PHYLLIS MCHENRY, hereby resign as a MANAGER
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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08 JUN 30 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA