# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 29, 2009**
**Secretary of State**

DOCUMENT# L08000062722

**Entity Name:** REDWOOD MEDICAL CENTER, LLC

**Current Principal Place of Business:**

8725 NW 18TH TERRACE
SUITE 105
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

8725 NW 18TH TERRACE
SUITE 105
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number: 35-2341527** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MCHENRY, PHYLLIS
8725 NW 18TH TERRACE
SUITE 105
MIAMI, FL 33172 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: MCHENRY, PHYLLIS MGR
Address: 8725 NW 18TH TERRACE, SUITE 105
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PHYLLIS MCHENRY MGR 04/29/2009

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