

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062722

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**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:**

9500 DORAL BOULEVARD  
SUITE 103  
DORAL, FL 33178

**Current Mailing Address:**

8725 NW 18TH TERRACE  
SUITE 105  
MIAMI, FL 33172

**New Mailing Address:**

9500 DORAL BOULEVARD  
SUITE 103  
MIAMI, FL 33178

**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:**

MCHENRY, PHYLLIS  
9500 DORAL BOULEVARD  
SUITE 103  
MIAMI, FL 33178 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

04/22/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCHENRY, PHYLLIS MGR  
Address: 9500 DORAL BOULEVARD - STE 103  
City-St-Zip: DORAL, FL 33178

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: PHYLLIS MCHENRY

MGR

04/22/2010

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