

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062722

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

9500 DORAL BOULEVARD  
SUITE 103  
DORAL, FL 33178

**New Principal Place of Business:**

366 ALTARA AVENUE  
SUITE 102  
CORAL GABLES, FL 33146

**Current Mailing Address:**

9500 DORAL BOULEVARD  
SUITE 103  
MIAMI, FL 33178

**New Mailing Address:**

366 ALTARA AVENUE  
SUITE 102  
CORAL GABLES, FL 33146

**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  
9500 DORAL BOULEVARD  
SUITE 103  
MIAMI, FL 33178 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: 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

04/13/2011

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