

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062722

Entity Name: REDWOOD MEDICAL CENTER, LLC

Current Principal Place of Business:

C/O RESEARCH MANAGMENT CORP
901 PONCE DE LEON BLVD SUITE #505
CORAL GABLES, FL 33134

Current Mailing Address:

C/O RESEARCH MANAGMENT CORP
901 PONCE DE LEON BLVD SUITE #505
CORAL GABLES, FL 33134

FEI Number: 35-2341527

Certificate of Status Desired: No

Name and Address of Current 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

Date

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHYLLIS MCHENRY

MGR

04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date