

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000036094

Entity Name: REDWOOD MEDICAL PAVILION, LLC

Current Principal Place of Business:

6060 SW 90 STREET
PINECREST, FL 33156

Current Mailing Address:

6060 SW 90 STREET
PINECREST, FL 33156 US

FEI Number: 47-3265702

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLANAGAN, JEFFREY
3399 PONCE DE LEON BLVD
STE 202
CORAL GABLES, FL 33134 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 MOUHANNA, JOSEPH E
Address 6060 SW 90 STREET
City-State-Zip: PINECREST FL 33156

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH MOUHANNA

MGR

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date