

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

L02000013376

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- MONUMENT-9A MEDICAL II, L.L.C.

2-

3-

4-

FILED 02 MAY 31 PM 2:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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RECEIVED 02 MAY 31 AM 11:02
DIVISION OF CORPORATION

Walk-in

Pick-up time ASAP

Certified Copy

Mail-out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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****155.00 ****155.00

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MONUMENT – 9A MEDICAL II, L.L.C.

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**1201 Monument Road
Suite #200
Jacksonville, Florida 32225**

ARTICLE III – Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

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**ARTICLE IV – Management:
(check and complete the appropriate statement)**

- The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

John Ondrejicka 1201 Monument Road, Suite #200, Jacksonville, Florida 32225

Moises Solano 1201 Monument Road, Suite #200, Jacksonville, Florida 32225

- The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V – Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Subject to the restrictions contained in Article VII hereof, the Company may admit additional or substitute members only with the approval of members whose aggregate membership interest exceeds 80 percent (80%).

ARTICLE VI – Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The Company's business shall be continued if remaining members owning a majority of the capital and profits interests consent to continuance within 90 days after the event that terminates a member's membership.

NOTE: If no provisions are to be made in Article V and VI, remove this page before submitting for filing with the Department Of State.

These Articles of Organization for Monument – 9A Medical II, L.L.C. shall be effective for all purposes as of this 30 day of MAY, 2002.


Member – John Ondrejicka


Member – Moises Solano

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. Name of the limited liability company is: MONUMENT – 9A MEDICAL II, L.L.C.
2. The name and address of the registered agent and office is:

Dale A. Beardsley, Esquire

(NAME)

4595 Lexington Avenue, Suite #100

(P.O. BOX **NOT** ACCEPTABLE)

Jacksonville, FL 32210-2058

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

5/30/02
(DATE)

Filing Fee: \$35.00 for Designation of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA