## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000013376

Entity Name: MONUMENT-9A MEDICAL II, L.L.C.

FILED Mar 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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1205 MONUMENT ROAD JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

P.O. BOX 49097 1205 MONUMENT ROAD JACKSONVILLE BEACH, FL 32240 JACKSONVILLE, FL 32225

FEI Number: 82-0567770 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MUYRES, WILLIAM J
P.O. BOX 49097
JACKSONVILLE BEACH, FL 32240 US
RODAS, OSCAR E
1205 MONUMENT ROAD
JACKSONVILLE, FL 32225 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: OSCAR E. RODAS 03/07/2006

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition Name: VINCENTY, CLAUDIO E Name: RODAS, OSCAR E

 Address:
 P.O. BOX 3157
 Address:
 1205 MONUMENT ROAD

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32004
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 BUCHANAN, LARRY M
 Name:
 VINCENTY, CLAUDIO

 Address:
 P.O. BOX 49097
 Address:
 1205 MONUMENT ROAD

 City-St-Zip:
 JACKSONVILLE BEACH, FL 32240
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

 Name:
 Name:
 MUYRES, WILLIAM J

 Address:
 Address:
 1205 MONUMENT ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

 Name:
 Name:
 DEPADUA, NAPOLEON

 Address:
 Address:
 1205 MONUMENT ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32225

 Name:
 Name:
 CAREY, JOHN E

 Address:
 Address:
 1205 MONUMENT ROAD

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: ( ) Delete Title: MGR ( ) Change (X) Addition

Name:Name:ROBERTS, CHRISTOPHERAddress:Address:1205 MONUMENT ROADCity-St-Zip:City-St-Zip:JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: OSCAR E. RODAS MGR 03/07/2006