

L99000005690

ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/St/Zip

Phone #

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

1- MONUMENT - A9A MEDICAL & IMAGING CENTER, INC.

2-

3-

4-

99 SEP 10 PM 1:29

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" 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

600002983636-2
-09/10/99--01038--020
****337.50 ****337.50

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

99 SEP 10 PM 1:39
TALLAHASSEE, FLORIDA

Name Availability	MJH
Document Examiner	
Updater	
Updater Verifier	
Acknowledgement	
P. Verifier	

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 & IMAGING CENTER, L.C.

ARTICLE II – Address:

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

**12 East Bay Street
Jacksonville, FL 32244**

ARTICLE III – Duration:

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

Perpetual

**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, 12 East Bay Street, Jacksonville, FL 32202
Oscar Rodas 12 East Bay Street, Jacksonville, FL 32202
Dale A. Beardsley 12 East Bay Street, Jacksonville, FL 32202

- 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:

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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:

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 may 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 Monument – 9A Medical & Imaging Center, L.C.
Shall be effective for all purposes as of this 22 day of July, 1999.


Member

DALE A. BEARDLEY

Affidavit

The undersigned member of Monument – 9A Medical & Imaging Center, L.C.,
does hereby swear and affirm the following:

1. The Limited Liability Company has a least two members.
2. The actual amount of cash contributed by all members upon formation is \$150,000.00.
3. There was no separate property other than cash contributed upon formation.
4. The amount of cash or property anticipate to be contributed by the members upon formation is \$150,000.00.

Affiant further sayeth naught.


Member

DALE A. BEARDLEY

State of Florida

County of DUAL

Sworn to and subscribe to before me this 22 day of July,
1999, by DALE A. BEARDLEY, as Member of the foregoing Limited
Liability Company who signed this Affidavit, and who is personally known to
me or who produced _____ as
identification.


Notary Public, State of Florida



Jennifer M. Heape
MY COMMISSION # CC531298 EXPIRES
February 11, 2000
BONDED THRU TROY FAIR INSURANCE, INC.

**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 & Imaging Center, L.C.

2. The name and address of the registered agent and office is:

Dale A. Beardsley, Esquire

(NAME)

12 East Bay Street

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

Jacksonville, FL 32202-3427

(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)

7/22/1999
(DATE)

Filing Fee: \$35.00 for Designation of Registered Agent