

JAN-26-2004 2:34 PM

NO. 923 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L99000005690

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L99000005690** APR 20 PM 5:06

1. Limited Liability Company's Name
MONUMENT - 9A MEDICAL & IMAGING CENTER, LLC

2. Principal Office Address: **1201 MONUMENT ROAD**
 3. Mailing Office Address: **4595 LEXINGTON AVE**

4. State/Country of Formation: **FLORIDA/DUVAL**

5. Date Organized or Qualified To Do Business in Florida: **09/10/1999**

6. FEI Number: **59-3604389**

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

500031085245
03/24/04--01066--001 **150.00

8. Name and Address of Current Registered Agent

Name: **DALE A. BEARDSLEY**

Street Address (P.O. Box Number is Not Acceptable): **4595 LEXINGTON AVE**

Suite, Apt. #, etc.: **#100**

City: **JACKSONVILLE**

State: **FL** Zip Code: **32210**

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APR 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *[Signature]* Date: **3/22/04**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGR	JOHN ONDREJICKA	4595 LEXINGTON AVENUE, #100	JACKSONVILLE, FL 32244
MGR	OSCAR RODAS	4595 LEXINGTON AVENUE, #100	JACKSONVILLE, FL 32244
MGR	DALE BEARDSLEY	4595 LEXINGTON AVENUE, #100	JACKSONVILLE, FL 32244
MGR	KATHLEEN DAUGHTRY	4595 LEXINGTON AVENUE, #100	JACKSONVILLE, FL 32244
MGR	ULISES CARABELLO	4595 LEXINGTON AVENUE, #100	JACKSONVILLE, FL 32244

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been annulled, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: *[Signature]* Date: **1/26/04** Daytime Phone #: **904 727 5151**

Typed or printed name of signing Managing Member/Manager: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 APR 20 PM 5:06

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05/11/04--01082--015 **50.00

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