

L 99 000005690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

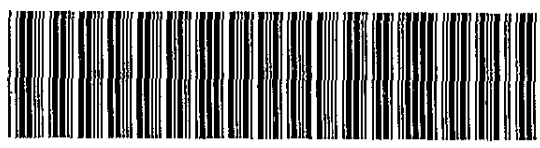
(Business Entity Name)

(Document Number)

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P.O. BOX 551108, 32255-1108  
JACKSONVILLE, FLORIDA

March 10, 2005

Via: Regular Mail

State of Florida  
Division of Corporations  
P.O. Box 6347  
Tallahassee, Florida 32314

Re: Change of Registered Agent for Limited Liability Company  
Monument-9A Medical & Imaging Center, L.C.

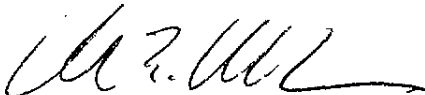
To Whom It May Concern:

Enclosed please find A Statement of Change of Registered Agent for the aforementioned Limited Liability Company.

Also enclosed is My Check # 929, payable to the Department of State, for the filing fee of \$25.00.

Please direct future correspondence regarding this matter to the attention of my offices.

Respectfully yours,



Mark B. MacLean

Enclosures: Statement of change of Registered Agent/Monument-9A Medical & Imaging Center, L.C.  
Check # 929 for the filing fee of \$25.00

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