


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000005690
 1. Entity Name
MONUMENT - 9A MEDICAL & IMAGING CENTER, L.C.



Principal Place of Business 1201 MONUMENT ROAD JACKSONVILLE, FL 32225	Mailing Address 1201 MONUMENT ROAD 200 JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3604389	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MACLEAN, MARK B
 3835 HENDRICKS AVENUE
 JACKSONVILLE, FL 32207

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

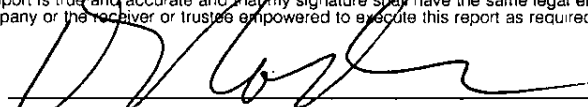
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODAS, OSCAR E 1201 MONUMENT ROAD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARABALLO, ULISES 1201 MONUMENT ROAD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUYRES, WILLIAM J 1201 MONUMENT ROAD JACKSONVILLE, FL 32225
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000822708
 02/20/08-80009-012 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **2/7/08** **(904) 727-5151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #