


**2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 26 PM 2:33

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| 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 |
|---|--|

DO NOT WRITE IN THIS SPACE

02062009No Chg-LLC CR2E083 (11/08)

| | |
|---|---------------------------------------|
| 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

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2009 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 | |

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02/25/09--01004--023 **143.75

**DO NOT WRITE
IN THIS SPACE**

[Handwritten Signature]

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: *[Handwritten Signature]* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____