

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005690

**FILED**  
**Jul 19, 2010**  
**Secretary of State**

**Entity Name:** MONUMENT - 9A MEDICAL & IMAGING CENTER, L.C.

**Current Principal Place of Business:**

1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1201 MONUMENT ROAD  
200  
JACKSONVILLE, FL 32225

**New Mailing Address:**

**FEI Number:** 59-3604387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACLEAN, MARK B  
3835 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RODAS, OSCAR E  
Address: 1201 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR  
Name: CARABALLO, ULISES  
Address: 1201 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR  
Name: MUYRES, WILLIAM J  
Address: 1201 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: OSCAR RODAS

MGR

07/19/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date