

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2011 FEB 17 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



01052011 No Chg-LLC CR2E083 (11/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3604387 Applied For: Not Applicable
5. Certificate of Status Desired: \$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 constituting)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2011 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

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

200194264912
02/15/11--01030--013 **138.75

DO NOT WRITE IN THIS SPACE

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: 2/8/11 904-727-5751*340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #