

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005690

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

**Current Principal Place of Business:**

1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

644 CESERY BLVD SUITE 100  
JACKSONVILLE, FL 32211 US

**FEI Number:** 59-3604387

**Certificate of Status Desired:** No

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

MACLEAN, MARK B  
2033 FLESHER AVENUE  
JACKSONVILLE, FL 32207 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name RODAS, OSCAR E  
Address 1201 MONUMENT ROAD SUITE 201  
City-State-Zip: JACKSONVILLE FL 32225

Title MGR  
Name CARABALLO, ULISES  
Address 1201 MONUMENT ROAD SUITE 201  
City-State-Zip: JACKSONVILLE FL 32225

Title MGR  
Name MUYRES, WILLIAM J  
Address 1201 MONUMENT ROAD 100  
City-State-Zip: JACKSONVILLE FL 32225

Title MGR  
Name PATEL, VIPUL R  
Address 644 CESERY BLVD, SUITE 330  
City-State-Zip: JACKSONVILLE FL 32277

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VIPUL PATEL

**MGR**

**03/16/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date