

2015 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

MANAGER

02/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date