

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007926

**FILED**  
**Apr 27, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

1201 MONUMENT RD., STE. 101  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1201 MONUMENT RD., STE. 101  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 59-3658504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JAMES AND HARRIS, CPA  
857 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205 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 ( ) Delete  
Name: LUIS-JORGE, JUAN C  
Address: 1201 MONUMENT ROAD SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUAN C LUIS-JORGE

MGR

04/27/2009

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