

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013376

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: MONUMENT-9A MEDICAL II, L.L.C.

## Current Principal Place of Business:

1201 MONUMENT ROAD  
SUITE #200  
JACKSONVILLE, FL 32225

## New Principal Place of Business:

1205 MONUMENT ROAD  
JACKSONVILLE, FL 32225

## Current Mailing Address:

1201 MONUMENT ROAD  
SUITE #200  
JACKSONVILLE, FL 32225

## New Mailing Address:

P.O. BOX 49097  
JACKSONVILLE BEACH, FL 32240 90

FEI Number: 82-0567770

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEARDSLEY, DALE A ESQ.  
4595 LEXINGTON AVE. SUITE 100  
JACKSONVILLE, FL 322102058 US

## Name and Address of New Registered Agent:

MUYRES, WILLIAM J  
P.O. BOX 49097  
JACKSONVILLE BEACH, FL 32240 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: WILLIAM J MUYRES

04/26/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: RODAS, OSCAR  
Address: 1201 MONUMENT RD #200  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete  
Name: SOLANO, MOISES  
Address: 1201 MONUMENT ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VINCENTY, CLAUDIO E  
Address: P.O. BOX 3157  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

Title: MGR (X) Change ( ) Addition  
Name: BUCHANAN, LARRY M  
Address: P.O. BOX 49097  
City-St-Zip: JACKSONVILLE BEACH, FL 32240

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY M. BUCHANAN

MGR

04/26/2005

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