

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000020582

1. Limited Liability Company's Name

Monument-9A Surgery Center, L.L.C.

2. Principal Office Address

1201 Monument Rd.

Suite, Apt. #, etc.

Suite 201

City & State

Jacksonville, FL

Zip

32225

Country

USA

3. Mailing Office Address

1201 Monument Rd.

Suite, Apt. #, etc.

Suite 201

City & State

Jacksonville, FL

Zip

32225

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

08/13/2002

6. FEI Number

14-1898087

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Glazier & Glazier, P.A.

Street Address (P.O. Box Number is Not Acceptable)

8825 Perimeter Park Blvd.

Suite, Apt. #, Etc.

Suite 504

City

Jacksonville

State

FL

Zip Code

32216

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Scott L. Glazier
Scott L. Glazier

VP

REGISTERED AGENT MUST SIGN

Date

7/13/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Oscar Rodas, M.D.	1201 Monument Rd., Suite 201	Jacksonville, FL 32225

REINSTATEMENT 2003-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Oscar Rodas
Oscar Rodas, M.D.

Date

7/13/05

Daytime Phone #

(904) 727 5151

Typed or printed name of signing Managing Member/Manager

Oscar Rodas, M.D.

FILED
05 JUL 14 AM 7:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

hjk

03



LO2000020582

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 483049 7200721

AUTHORIZATION :

COST LIMIT : \$ 250.00

Patricia Pigute

ORDER DATE : July 14, 2005

ORDER TIME : 11:30 AM

ORDER NO. : 483049-005

CUSTOMER NO: 7200721

CUSTOMER: Vivile Rodin, Esq.
Glazier & Glazier, P.a.
Suite 504
8825 Perimeter Park Blvd.
Jacksonville, FL 32216

BH

DOMESTIC FILINGS

NAME: MONUMENT-9A SURGERY CENTER,
L.L.C.

05 JUL 14 PM 12:46
05 JUL 14 AM 7:27
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____