2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# L02000020582

Entity Name: MONUMENT-9A SURGERY CENTER, L.L.C.

Current Principal Place of Business:

1201 MONUMENT ROAD, SUITE 101
JACKSONVILLE, FL 32211

New Principal Place of Business:

1205 MONUMENT RD
SUITE 100
JACKSONVILLE, FL 32225

Current Mailing Address:

1201 MONUMENT ROAD, SUITE 101
JACKSONVILLE, FL 32211

New Mailing Address:

1205 MONUMENT RD
SUITE 100
JACKSONVILLE, FL 32225

FEI Number: 14-1898087 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD., SUITE 504
JACKSONVILLE, FL 32216 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: RODAS, OSCAR M.D.
Address: 1201 MONUMENT ROAD, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32211

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 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: OSCAR RODAS, M.D. MGR 08/02/2006

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