2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104413

Entity Name: REGENCY MONUMENT MEDICAL CENTER LLC

FILED Apr 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	IUMENT ROAI IVILLE, FL 322					
Current N	lailing Addres	s:	New Ma	New Mailing Address:		
	IUMENT ROAI IVILLE, FL 322					
FEI Number	: 20-3848451	FEI Number Applied For ()	FEI Number Not A	applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	current Registered Agent:	Name a	nd Address	of New Registered Agent:	
	I, MARK B SHER AVENU IVILLE, FL 322		3010 SC	OUTH THIRD	ERSON, P.A. STREET J.CH, FL 32250 US	
	e named entity s e of Florida.	submits this statement for the p	urpose of changir	ng its registere	ed office or registered agent, or bot	
SIGNATUI	RE: LAWREN	ICE R. PATTERSON, ESQUIR	E	04/25/2008		
	Electron	ic Signature of Registered Age	nt		Date	
MANAGING MEMBERS/MANAGERS:			ADDITION	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () RODAS, OSCA 1201 MONUME JACKSONVILLI	NT ROAD	Title: Name: Address: City-St-Zi	p:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zi		()Change(X)Addition WILLIAM J UMENT ROAD /ILLE, FL 32225	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zi	1205 MON	() Change (X) Addition , ALVARO F UMENT ROAD /ILLE, FL 32225	
Title: Name: Address:	()	Delete	Title: Name: Address:		()Change(X)Addition NAPOLEON UMENT ROAD	

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.

City-St-Zip:

SIGNATURE: LAWRENCE R. PATTERSON, ESQUIRE

City-St-Zip:

RΑ

JACKSONVILLE, FL 32225

04/25/2008