

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 18 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MMN

DOCUMENT # L99000005690

1. Entity Name
MONUMENT - 9A MEDICAL & IMAGING CENTER, L.C.

Principal Place of Business
12 EAST BAY STREET
JACKSONVILLE FL 32244

Mailing Address
12 EAST BAY STREET
JACKSONVILLE FL 32202-3413

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEARDSLEY, DALE A ESQUIRE
12 EAST BAY STREET
JACKSONVILLE FL 32202-3427

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete
NAME ONDREJICKA, JOHN
STREET ADDRESS 12 EAST BAY STREET
CITY- ST- ZIP JACKSONVILLE FL 32244

☐ Change ☐ Addition
200003239022--9
-05/04/00--01013--020
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME RODAS, OSCAR
STREET ADDRESS 12 EAST BAY STREET
CITY- ST- ZIP JACKSONVILLE FL 32244

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME BEARDSLEY, DALE A
STREET ADDRESS 12 EAST BAY STREET
CITY- ST- ZIP JACKSONVILLE FL 32244

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

DALE A. BEARDSLEY

Date

Daytime Phone #

4/17/00 (904) 354-0024

CR2E083 (9/99)