

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90087 024 \*\*\*\*50.00

**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 32244**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3604389**

Applied For

Not Applicable

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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**  
**OSCAR RODAS**

**3/7/02**

**904 727 5151**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)