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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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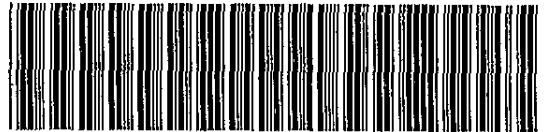
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

199-5690  
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**Mark B. MacLean**  
**Attorney at Law**  
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**JACKSONVILLE, FLORIDA 32207**  
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(904) 399-2839

Mailing Address:

P.O. BOX 551108, 32255-1108  
JACKSONVILLE, FLORIDA

March 10, 2005

Via: Regular Mail

State of Florida  
Division of Corporations  
P.O. Box 6347  
Tallahassee, Florida 32314

Re: Change of Registered Agent for Limited Liability Company  
Monument-9A Medical & Imaging Center, L.C.

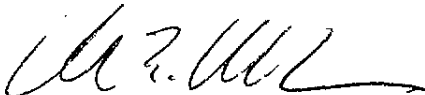
To Whom It May Concern:

Enclosed please find A Statement of Change of Registered Agent for the aforementioned Limited Liability Company.

Also enclosed is My Check # 929, payable to the Department of State, for the filing fee of \$25.00.

Please direct future correspondence regarding this matter to the attention of my offices.

Respectfully yours,



Mark B. MacLean

Enclosures: Statement of change of Registered Agent/Monument-9A Medical & Imaging Center, L.C.  
Check # 929 for the filing fee of \$25.00

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: Monument-9A Medical & Imaging Center, L.C.
2. The mailing address of the limited liability company is : 1201 Monument Road, Jacksonville, Fl.  
32225

09/10/1999

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Beardsley, Dale Esquire

Name

4595 Lexington Ave., #100

Address

Jacksonville, Florida 32210

City, State and Zip

6. The name and address of the new registered agent and/or office:

Mark B. MacLean, Esquire

Name

3835 Hendricks Avenue

Florida street address (P.O. Box NOT acceptable)

Jacksonville, FL 32207

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
(Signature of a member or authorized representative of a member)

Mark B. MacLean Esquire

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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