

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005690

FILED
Aug 30, 2005
Secretary of State

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

Current Principal Place of Business:

1201 MONUMENT ROAD
JACKSONVILLE, FL 32225

New Principal Place of Business:

1201 MONUMENT ROAD
200
JACKSONVILLE, FL 32225

Current Mailing Address:

4595 LEXINGTON AVE., #100
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3604389 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:

MACLEAN, MARK B
3835 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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
Address: 4595 LEXINGTON AVE., #100
City-St-Zip: JACKSONVILLE, FL 32244

Title: MGR () Delete
Name: CARABELLO, ULISES
Address: 4595 LEXINGTON AVE., #100
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RODAS, OSCAR E
Address: 1201 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR (X) Change () Addition
Name: CARABALLO, ULISES
Address: 1201 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR () Change (X) Addition
Name: MUYRES, WILLIAM J
Address: 1201 MONUMENT ROAD
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM J. MUYRES

MGR

08/30/2005

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