

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000005690**

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



Principal Place of Business  
**1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225**

Mailing Address  
**1201 MONUMENT ROAD  
200  
JACKSONVILLE, FL 32225**



01312008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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**

**MACLEAN, MARK B  
3835 HENDRICKS AVENUE  
JACKSONVILLE, FL 32207**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
RODAS, OSCAR E  
1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
CARABALLO, ULISES  
1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
MUYRES, WILLIAM J  
1201 MONUMENT ROAD  
JACKSONVILLE, FL 32225**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000822708  
02/20/08-80009-012 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**2/7/08**

Date

**(904) 727-5151**

Daytime Phone #