

**2009 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L99000005690

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



SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 FEB 26 PM 2:33

Principal Place of Business
1201 MONUMENT ROAD
JACKSONVILLE, FL 32225

Mailing Address
1201 MONUMENT ROAD
200
JACKSONVILLE, FL 32225



02062009No Chg-LLC

CR2E083 (11/08)

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, 2009 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

600144431586
02/25/09--01004--023 **143.75

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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

Date

Daytime Phone #