


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000035196
 1. Entity Name
 REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC



Principal Place of Business: 2081 EAST OCEAN BLVD., STE 1A, STUART, FL 34996
 Mailing Address: 2081 EAST OCEAN BLVD., STE 1A, STUART, FL 34996

DO NOT WRITE IN THIS SPACE



01202005No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 27-0089914 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 FISKE, DARRELL N M.D.
 2081 EAST OCEAN BLVD., SUITE 1A
 STUART, FL 34996

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FISKE, DARRELL N M.D.
STREET ADDRESS	2081 EAST OCEAN BLVD., SUITE 1A
CITY-ST-ZIP	STUART, FL 34996
TITLE	MGRM
NAME	HOURI, JOHN M M.D.
STREET ADDRESS	2081 EAST OCEAN BLVD., SUITE 1A
CITY-ST-ZIP	STUART, FL 34996
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/14/05-80089-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Darrell Fiske 4/14/2005 772-781-300x231
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #