


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90018 016 ****50.00

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
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DO NOT WRITE IN THIS SPACE



01212006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 27-0089914	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

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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:  **DARREL FISKE** **1/23/2006** **772-286-9119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #