


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90069 009 \*\*\*138.75

**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

60003550



01142008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 27-0089914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

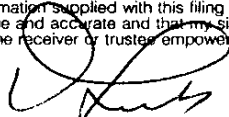
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**  **1/21/2008** 772-286-9776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #