

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035196

FILED
Apr 03, 2009
Secretary of State

Entity Name: REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC

Current Principal Place of Business:

2081 EAST OCEAN BLVD., STE 1A
STUART, FL 34996

New Principal Place of Business:

2081 EAST OCEAN BLVD., STE 3B
STUART, FL 34996

Current Mailing Address:

2081 EAST OCEAN BLVD., STE 1A
STUART, FL 34996

New Mailing Address:

2081 EAST OCEAN BLVD., STE 3B
STUART, FL 34996

FEI Number: 27-0089914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FISKE, DARRELL N M.D.
2081 EAST OCEAN BLVD., SUITE 1A
STUART, FL 34996 US

Name and Address of New Registered Agent:

FISKE, DARRELL N M.D.
2081 EAST OCEAN BLVD., SUITE 3B
STUART, FL 34996 US

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.

SIGNATURE:

04/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FISKE, DARRELL N M.D.
Address: 2081 EAST OCEAN BLVD., SUITE 1A
City-St-Zip: STUART, FL 34996

Title: MGRM () Delete
Name: HOURI, JOHN M M.D.
Address: 2081 EAST OCEAN BLVD., SUITE 1A
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FISKE, DARRELL N M.D.
Address: 2081 EAST OCEAN BLVD., SUITE 3B
City-St-Zip: STUART, FL 34996

Title: MGRM (X) Change () Addition
Name: HOURI, JOHN M M.D.
Address: 2081 EAST OCEAN BLVD., SUITE 3B
City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 N. FISKE

DR.

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date