

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035196

FILED
Mar 18, 2011
Secretary of State

Entity Name: REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 3B
STUART, FL 34996 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM
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 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.

03/18/2011

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