

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035196

**FILED**  
**Feb 10, 2012**  
**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, MD

DR.

02/10/2012

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