

L02000035196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300251008323

08/26/13--01017--041 **30.00

FILED
13 AUG 26 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JEANNE CARON

(Name of Person)

RHEUMATOLOGY ASSOCIATES, PA

(Firm/Company)

2081 SE OCEAN BOULEVARD STE 3-B

(Address)

STUART, FL 34996

(City/State and Zip Code)

For further information concerning this matter, please call:

JEANNE CARON

(Name of Person)

at (772) 283-8380 EXT103

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee & Certificate of Status

p \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

p \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
13 AUG 26 PM 12:12
TALLAHASSEE FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC

2. The Articles of Organization were filed on 12/31/2002 and assigned document number
L02000035196

3. The date the dissolution was approved: 12/31/12

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back cover letter).
Decrease in Medicare reimbursements reduced the feasibility of operations as a single entity.

5. **CHECK ONE:**

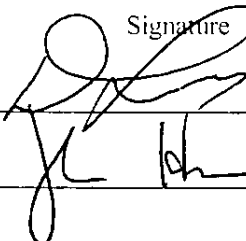
- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

- There are no suits pending against the company in any court.
-OR-
- Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature


Printed Name
Darrell N. Fiske, MD
John M. Hour, MD

FILED
13 AUG 26 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA