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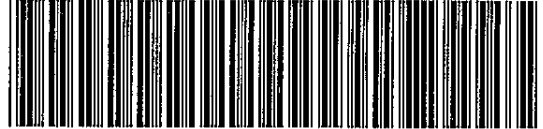
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Regional Osteoporosis Center
Of Stuart LLC

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
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- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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TALLAHASSEE, FLORIDA

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Signature _____

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Walk-In _____ Will Pick Up _____

**ARTICLES OF ORGANIZATION
FOR
REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC**

**Article I
Name**

The name of the Limited Liability Company is **REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC.**

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**Article II
Address**

The mailing address and street address of the principal office of the Limited Liability Company is 2081 East Ocean Blvd., Suite 1A, Stuart, Florida 34996.

**Article III
Duration**

The period of duration for the Limited Liability Company shall be perpetual and commence upon the date of filing of these Articles of Organization.

**Article IV
Management**

The Limited Liability Company is to be managed by the members and the name and address of the members are:

Darrell N. Fiske, M.D.
2081 East Ocean Blvd., Suite 1A
Stuart, FL 34996

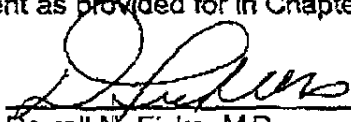
John M. Hour, M.D.
2081 East Ocean Blvd., Suite 1A
Stuart, FL 34996

**Article V
Registered Agent, Registered Office, and Registered Agent's Signature**

The name and the Florida Street address of the registered agent are:

Darrell N. Fiske, M.D.
2081 East Ocean Blvd., Suite 1A
Stuart, FL 34996

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations as registered agent as provided for in Chapter 608, Florida Statutes.



Darrell N. Fiske, M.D.

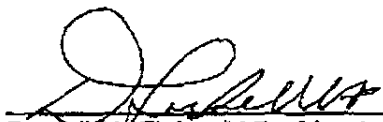
Article VI
Admission of Additional Members

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: The admission of new members shall be solely by majority vote (in interest) by the existing members, or as otherwise provided in the Agreement of Operation or Regulations.

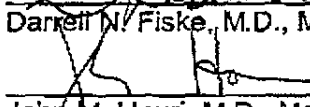
Article VII
Members Rights to Continue Business

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability companies shall be by majority vote of the members.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of **REGIONAL OSTEOPOROSIS CENTER OF STUART, LLC**, effective this 31 day of December, 2002.



Darrell N. Fiske, M.D., Member



John M. Hour, M.D., Member

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