
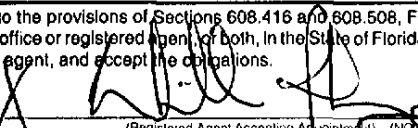
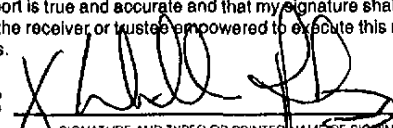


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company ALOMA PROFESSIONAL ASSOCIATES, L.C. 2056 ALOMA AVE. STE. #101 WINTER PARK FL 32792		DOCUMENT # Z00508	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 12/31/1991		3a. State of Formation FL	
4. FEI Number 59-3101711		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 08/01/1996		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent MIRZA, IQBAL M. 2056 ALOMA AVE. SUITE 101 WINTER PARK FL 32792		8. Name and Address of New Registered Agent Name William W. Purkey Jr Street Address (P.O. Box Number is Not Acceptable) 2056 Aloma Ave Suite, Apt. #, etc. Ste 101 City Winter Park FL Zip Code 32792	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE  DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MIRZA, IQBAL, MD	2950 ALOMA AVE #304	WINTER PARK FL
MEM	PURKEY, WILLIAM MD	2950 ALOMA AVE #304	WINTER PARK FL
MEM	DANISCO, RICHARD M.D.	2950 ALOMA AVE #304	WINTER PARK FL
MEM	MILLER, KEN MD	2950 ALOMA AVE #304	WINTER PARK FL
MEM	GUSKIEWICZ, ROBERT MD	2950 ALOMA AVE #304	WINTER PARK FL
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE:  DATE _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER			

FILED

97 APR -7 AM 7:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address

2056 ALOMA AVE.
STE. #101
WINTER PARK FL 32792

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

3. Date Organized or Qualified 3a. State of Formation

12/31/1991

FL

4. FEI Number

59-3101711

☐ Applied For

☐ Not Applicable

5. Date of Last Report

08/01/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

MIRZA, IQBAL M.
2056 ALOMA AVE.
SUITE 101
WINTER PARK FL 32792

Name

William W. Purkey Jr

Street Address (P.O. Box Number is Not Acceptable)

2056 Aloma Ave

Suite, Apt. #, etc.

Ste 101

City

Winter Park FL

Zip Code

32792

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MEM

MIRZA, IQBAL, MD

2950 ALOMA AVE #304

WINTER PARK FL

MEM

PURKEY, WILLIAM MD

2950 ALOMA AVE #304

WINTER PARK FL

MEM

DANISCO, RICHARD M.D.

2950 ALOMA AVE #304

WINTER PARK FL

MEM

MILLER, KEN MD

2950 ALOMA AVE #304

WINTER PARK FL

MEM

GUSKIEWICZ, ROBERT MD

2950 ALOMA AVE #304

WINTER PARK FL

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203.75 *203.75

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #