

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JUN 10 PM 2:23

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
**\$ 188.75** Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT #** z00508

ALOMA PROFESSIONAL ASSOCIATES, L.C.  
2056 ALOMA AVE.  
STE. #101  
WINTER PARK FL 32792

1a. Principal Place of Business Address

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

12/31/1991

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

59-3101711

5. Date of Last Report

6. Certificate of Status Desired

04/07/1997

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

PURKEY, WILLIAM W JR.  
2056 ALOMA AVE.  
SUITE 101  
WINTER PARK FL 32792

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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	2056 ALOMA AVE., Suite 101 <del>2950 ALOMA AVE #304</del>	WINTER PARK FL
MEM	PURKEY, WILLIAM MD	2056 ALOMA AVE, Suite 101 <del>2950 ALOMA AVE #304</del>	WINTER PARK FL
<del>M</del>	<del>DANISCO, RICHARD M.D.</del>	<del>2056 ALOMA AVE #304</del>	<del>WINTER PARK FL</del>
MEM	MILLER, KEN MD	2056 ALOMA AVE., Suite 101 <del>2950 ALOMA AVE #304</del>	WINTER PARK FL
MEM	GUSKIEWICZ, ROBERT MD	2056 ALOMA AVE, Suite 101 <del>2950 ALOMA AVE #304</del>	WINTER PARK FL

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\*\*\*588.75 \*\*\*588.75

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

3/20/98 (407) 365-2195

Date

Daytime Phone