


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 24 AM 10:37	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 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 <i>99-02 CM</i>		1a. Principal Place of Business Address 2056 ALOMA AVE. STE. #101 WINTER PARK FL 32792	
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 06/10/1998 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent PURKEY, WILLIAM W JR. 2056 ALOMA AVE. SUITE 101 WINTER PARK FL 32792			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 000002826140--2 City -04/01/99--01042--017 ****188.75 ****188.75 FL		
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning)</small>			DATE _____		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	MIRZA, IQBAL, MD	2056 ALOMA AVE., SUITE 101		WINTER PARK FL	
MEM	PURKEY, WILLIAM MD	2056 ALOMA AVE., SUITE 101		WINTER PARK FL	
MEM	MILLER, KEN MD	2056 ALOMA AVE., SUITE 101		WINTER PARK FL	
MEM	GUSKIEWICZ, ROBERT MD	2056 ALOMA AVE., SUITE 101		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: _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGER, MEMBER OR MANAGER</small>					