

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # Z00508

1. Entity Name

ALOMA PROFESSIONAL ASSOCIATES, L.C.

00 MAY 15 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

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

Mailing Address

2056 ALOMA AVE.
STE. #101
WINTER PARK FL 32792-3340

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3101711

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM ☐ Delete
NAME MIRZA, IQBAL, MD
STREET ADDRESS 2056 ALOMA AVE., SUITE 101
CITY- ST- ZIP WINTER PARK FL

TITLE ☐ Change ☐ Addition
NAME 200003283342--6
STREET ADDRESS -06/09/00--01094--006
CITY- ST- ZIP *****50.00 *****50.00

TITLE MEM ☐ Delete
NAME PURKEY, WILLIAM MD
STREET ADDRESS 2056 ALOMA AVE., SUITE 101
CITY- ST- ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MEM ☐ Delete
NAME MILLER, KEN MD
STREET ADDRESS 2056 ALOMA AVE., SUITE 101
CITY- ST- ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MEM ☐ Delete
NAME GUSKIEWICZ, ROBERT MD
STREET ADDRESS 2056 ALOMA AVE., SUITE 101
CITY- ST- ZIP WINTER PARK FL 32792

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

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

02/01/00 407-366-2195

Date

Daytime Phone #

WILLIAM W. PURKEY, JR LLC MEM

CR2E083 (9/99)