Mar 05, 2002 8:00 am DOCUMENT # **Z00508 Secretary of State** 1. Entity Name 03-05-2002 90056 013 ****50.00 ALOMA PROFESSIONAL ASSOCIATES, L.C. Mailing Address Principal Place of Business 2056 ALOMA AVE. 2056 ALOMA AVE. STE. #101 STE. #101 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 2221 Lee Road 2221 Lee Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 22 Suite 22 City & State Applied For City & State 4. FEI Number 59-3101711 Not Applicable Winter Park, Winter Park. Country \$5.00 Additional Country Zip 32789 Zip 32789 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYAN M. THOMAS PURKEY, WILLIAM W JR. Street Address (P.O. Box Number is Not Acceptable) 2056 ALOMA AVE. SUITE 101 2221 Lee Road, Suite 22 WINTER PARK FL 32792 Zip Code 32789 City Winter Park mits this etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named e 2002 SIGNATURE (NOTE: Registered Agent signature required when reinstating) asolicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. (X) Change ☐ Addition TITLE TITLE ☐ Delete MIRZA, IQBAL, MD NAME NAME 2056 ALOMA AVE., SUITE 101 109 Dardanelli Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Los Gatos, CA 95032 WINTER PARK FL ☐ Change X Addition MEM Delete TITLE Managing Member TITLE Bryan M. Thomas, Managing Member PURKEY, WILLIAM MD NAME NAME 2056 ALOMA AVE., SUITE 101 STREET ADDRESS 2221 Lee Road, Suite 22 STREET ADORESS CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32792 Winter Park, FL 32789 ☐ Addition X Change MEM TITLE TITLE Delete MILLER, KEN MD NAME NAME 4098 Scarlet Iris Place STREET ADDRESS 2056 ALOMA AVE., SUITE 101 STREET ADDRESS Winter Park, FL 32792-9412 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 🔀 Addition ☐ Change MEM X Delete TITLE TITLE Member **GUSKIEWICZ, ROBERT MD** NAME NAME Earl W. Brockelsby 2221 Lee Road, Suite 22 STREET ADDRESS STREET ADDRESS 2056 ALOMA AVE., SUITE 101 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Winter Park, FL 32789 ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE: SIGNATURE REPRESENTATIVE Date Design Phone #

11. 1 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.