

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 023 ****50.00

DOCUMENT # Z00508

1. Entity Name

ALOMA PROFESSIONAL ASSOCIATES, L.C.



Principal Place of Business

~~2221 LEE ROAD~~
~~SUITE 22~~
WINTER PARK FL 32789

Mailing Address

~~2221 LEE ROAD~~
~~SUITE 22~~
WINTER PARK FL 32789

24011717



MOORE CR2E083 (11/03)

2. Principal Place of Business

242 CHASE AVENUE

Suite, Apt. #, etc.

3. Mailing Address

242 CHASE AVENUE

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

WINTER PARK, FL

4. FEI Number

59-3101711

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, BRYAN M
~~2221 LEE ROAD~~
~~SUITE 22~~
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

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

242 CHASE AVENUE

City

WINTER PARK

FL

Zip Code

32789

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MIRZA, IQBAL, MD	
STREET ADDRESS	109 DARDANELLI LANE	
CITY-ST-ZIP	LOS GATOS CA 95032	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, BRYAN M	
STREET ADDRESS	2221 LEE ROAD, SUITE 22	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	MILLER, KEN MD	
STREET ADDRESS	4098 SCARLET IRIS PLACE	
CITY-ST-ZIP	WINTER PARK FL 32792-9412	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	BROCKELSBY, EARL W	
STREET ADDRESS	2221 LEE ROAD, SUITE 22	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14483 CHESTER AVE.	
CITY-ST-ZIP	SARATOGA, CA 95070	
TITLE	MANAGING MEMBER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE BEAERT THOMAS	
STREET ADDRESS	242 CHASE AVE.	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MANAGING MEMBER

2/10/2004

407-644-9319

Date

Daytime Phone #