


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
97 APR -7 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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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

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
 2056 ALOMA AVE.
 STE. #101
 WINTER PARK FL 32792

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified		3a. State of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/31/1991		FL	
City & State		City & State		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
59-3101711		5. Date of Last Report		08/01/1996		6. Certificate of Status Desired	
Zip		Country		Zip		Country	
						<input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent
 MIRZA, IQBAL M.
 2056 ALOMA AVE.
 SUITE 101
 WINTER PARK FL 32792

8. Name and Address of New Registered Agent
 Name: *William W. Purkey Jr*
 Street Address (P.O. Box Number is Not Acceptable): *2056 Aloma Ave*
 Suite, Apt. #, etc.: *Ste 101*
 City: *Winter Park* **FL** Zip Code: *32792*

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, of 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: *[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	2950 ALOMA AVE #304	WINTER PARK FL
MEM	PURKEY, WILLIAM MD	2950 ALOMA AVE #304	WINTER PARK FL
MEM	DANISCO, RICHARD M.D.	2950 ALOMA AVE #304	WINTER PARK FL
MEM	MILLER, KEN MD	2950 ALOMA AVE #304	WINTER PARK FL
MEM	GUSKIEWICZ, ROBERT MD	2950 ALOMA AVE #304	WINTER PARK FL

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 203.75 *203.75
[Signature]

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date: _____ Daytime Phone #: _____