

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 15 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # Z00508</b>			
1. Entity Name <b>ALOMA PROFESSIONAL ASSOCIATES, L.C.</b>			
Principal Place of Business <b>2056 ALOMA AVE. STE. #101 WINTER PARK FL 32792</b>		Mailing Address <b>2056 ALOMA AVE. STE. #101 WINTER PARK FL 32792-3340</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PURKEY, WILLIAM W JR.</b> <b>2056 ALOMA AVE.</b> <b>SUITE 101</b> <b>WINTER PARK FL 32792</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
		<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b>	
9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM MIRZA, IQBAL, MD 2056 ALOMA AVE., SUITE 101 WINTER PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM PURKEY, WILLIAM MD 2056 ALOMA AVE., SUITE 101 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM MILLER, KEN MD 2056 ALOMA AVE., SUITE 101 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MEM GUSKIEWICZ, ROBERT MD 2056 ALOMA AVE., SUITE 101 WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3101711** Applied For   
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

200003283342--6  
-06/09/00--01094--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:** WILLIAM W. PURKEY, JR **SIGNATURE REQUIRED** 02/01/00 407-366-2195  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

**WILLIAM W. PURKEY, JR LLC MEM**

CR2E083 (9/99)