

2001 UNIFORM BUSINESS REPORT (UBR)

0005244 AF

DOCUMENT # Z00508
 1. Entity Name
ALOMA PROFESSIONAL ASSOCIATES, L.C.

FILED

01 FEB 12 AM 9:58

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

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

DO NOT WRITE IN THIS SPACE

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent
PURKEY, WILLIAM W JR.
2056 ALOMA AVE.
SUITE 101
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

200003743652--2
 -02/20/01--01088--001
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS	
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	MEM PURKEY, WILLIAM MD 2056 ALOMA AVE., SUITE 101 WINTER PARK FL 32792 <input type="checkbox"/> Delete
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	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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* **23/JAN/2001 407-366-2195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)