

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90022 037 ****50.00

DOCUMENT # Z00508

1. Entity Name
ALOMA PROFESSIONAL ASSOCIATES, L.C.



20022894



CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
2221 LEE ROAD **2221 LEE ROAD**
SUITE 22 **SUITE 22**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-310711** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
THOMAS, BRYAN M
2221 LEE ROAS
SUITE 22
WINTER PARK FL 32789

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

SIGNATURE _____ (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, 2003

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 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 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 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		
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]* **SIGNATURE REQUIRED** **BRYAN M. THOMAS, MANAGING MEMBER 407-644-9319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Date **1/30/2003** Daytime Phone #

CR2E083 (10/02)