

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 31 PM 12: 36

1. Name of Limited Partnership	1a. DOCUMENT # A95000001514
CONGRESS II MEDICAL EQUITY INVESTORS, LTD.	



Mailing Address 1200 CORPORATE WAY, SUITE 100 WEST PALM BEACH FL 33414	Principal Office Address 1200 CORPORATE WAY, SUITE 100 WEST PALM BEACH FL 33414	3. Date Formed or Registered 10/09/1995	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 12/27/1995	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.	2a. Principal Office Address	6. FEI Number APPLIED FOR 65-0630422 <input type="checkbox"/> Applied For Not Applicable	
City & State	Suite, Apt. #, etc.	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent DASCO DEVELOPMENT CORPORATION 1200 CORPORATE WAY, SUITE 100 WEST PALM BEACH FL 33414	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CONGRESS II MEDICAL EQUITY C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1200 CORPORATE WAY, S	11b. City, State & Zip Code WELLINGTON FL 33414	11c. Registration/ Document Number P95000077289
			800002084888--5 -02/12/97--01026--008 *****200.00 *****200.00
			<i>cus / KWM</i>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* _____ DATE **12/30/96**

Typed or Printed Name of General Partner Signing Form **PATRICK J. DISALVO** Daytime Telephone Number **561-790-6466**

CR2E003 (6/96)