

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001514**

1. Entity Name

**CONGRESS II MEDICAL EQUITY INVESTORS, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY - 1 PM 12:06

Principal Place of Business  
222 LAKEVIEW AVE., 17TH FLOOR  
WEST PALM BEACH FL 33401

Mailing Address  
222 LAKEVIEW AVE., 17TH FLOOR  
WEST PALM BEACH FL 33401-6150



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0630422**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.**  
222 LAKEVIEW AVE., 17TH FLOOR  
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above **Regserv Corp.**

is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: By:   
**Mark Nussbaum, Vice President**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/27/00**

9. Capital Contributions as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P95000077289**  
NAME **CONGRESS II MEDICAL EQUITY CORPORATION**  
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FLOOR**  
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Patrick J. DiSalvo**  
Vice President

**4/27/00 (561) 655-9008**  
Date Daytime Phone #

CR 11003 19/991