

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 DEC 28 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000000687
CONGRESS III MEDICAL EQUITY INVESTORS, LTD.	

Mailing Address 3601 PGA BLVD., SUITE 1600 PALM BEACH GARDENS FL 33410	Principal Office Address 3601 PGA BLVD., SUITE 1600 PALM BEACH GARDENS FL 33410
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3. Date Formed or Registered 03/21/1997	5a. Capital Contributions as Shown on record. \$1,000.00
3a. Date of Last Report 12/31/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
Suite, A 222 Lakeview Avenue	Suit 222 Lakeview Avenue
City & S 17th Floor	City 17th Floor
West Palm Beach, FL	West Palm Beach, FL
Zip 33401	Zip 33401

6. FEI Number 65-0744067	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	


9. Name and Address of Current Registered Agent	Name	Street Ad	Suite, Apt.	City
DASCO DEVELOPMENT CORPORATION 3601 PGA BLVD., SUITE 1000 PALM BEACH GARDENS FL 33410	Regserv Corp.	222 Lakeview Avenue	17th Floor	33401

10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent, I am familiar with, and accept the oblige	Patrick J. DiSalvo Vice President	I under the laws of the State of Florida, submits this statement of registration for the purpose of changing its registered office agent. I hereby accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)	By: 	DATE 12/14/98

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CONGRESS III MEDICAL EQUITY	222 Lakeview Avenue 17th Floor	West Palm Beach, FL 33401	P97000025666
700002747237--5 -01/20/89--01023--018 ****141.25 ****141.25			

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 	DATE 12/14/98
Typed or Printed Name of General Partner Signing Form Patrick J. DiSalvo	Daytime Telephone Number (561) 655-9008
Vice President	

CR2E003 (8/98)