

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000687**

1. Entity Name

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0744067**

Applied For

Not Applicable

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 # **P97000025666**  
NAME **CONGRESS III MEDICAL EQUITY CORPORATION**  
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FLOOR**  
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**800003278628--9**  
**06/06/00 01005 022**  
**\*\*\*141.25 \*\*\*141.25**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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 #