


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1992

<b>LIMITED PARTNERSHIP REINSTATEMENT</b>  <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 01 NOV 13 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # A00000001192</b> 1. Name of Limited Partnership <p style="text-align: center;">Congress Medical Associates, Ltd.</p>			
2. Principal Office Address 3998 FAU Blvd. Suite, Apt. #, etc. # 307 City & State Boca Raton, FL Zip Country 33431 USA		3. Mailing Office Address 3998 FAU Blvd. Suite, Apt. #, etc. # 307 City & State Boca Raton, FL Zip Country 33431 USA	
4. Date Formed or Registered To Do Business in Florida July 28, 2000		5. FEI Number 06-1591745 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		7a. Capital Contributions as shown on Record \$ 10,000 7b. Amount of Capital Contributions in FLORIDA to date: \$ 10,000	
8. Name and Address of Current Registered Agent Name Thomas S. Head Street Address (P.O. Box Number is Not Acceptable) 3998 FAU Blvd. Suite, Apt. #, Etc. # 307 City Boca Raton, FL State FL Zip Code 33431		<b>FEES:</b> 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
9. 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	
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Thomas S. Head CMA Development, Inc.	3998 FAU Blvd. #307	Boca Raton, FL 33431	#P00000072006
Thomas A. Head	1280 Thicket Dr.	Boca Raton, FL 33432	
Dr. Fred Steinberg	581 NW 5th St.	Boca Raton, FL 33431	
7000004714137--2 -12/07/01--01036--005 ****158.75 ****158.75			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 10/22/01	
Typed or Printed Name of General Partner Signing Form Thomas S. Head		Telephone Number 561-247-6915	

CR2E039 (9/01)

**CMA Development**  
3998 FAU Boulevard, Suite 307  
Boca Raton, FL 33431-6429

(561) 347-6915

October 22, 2001

FILED

01 NOV 13 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(561) 347-6906 Facsimile

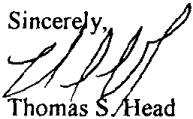
Division of Corporations  
Attn: Partnership Section  
P.O. Box 6327  
Tallahassee, FL 32314

TO: Partnership Section

We received a Certificate of Revocation for Congress Medical Associates, Ltd. However, we never received the original annual report/uniform business report, nor did we receive the 60 day notice of pending revocation. We called your office on Friday, October 19<sup>th</sup>, and you said that we need to send a letter stating our case, and to send a check for \$158.75 which we would have originally owed.

We noticed that the address you have listed is incorrect. This may have been the reason we never received the original form or 60 day notice. We appreciate your help in this matter, and please do not hesitate to call us with any questions.

Sincerely,



Thomas S. Head  
Congress Medical Associates, Ltd.

CHK. #1064 \$158.75  
#2559

\* We revised General Partner. We  
listed Limited Partner by mistake.