

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001192

1. Entity Name

CONGRESS MEDICAL ASSOCIATES, LTD.

FILED

02 MAR 14 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

MJM

2. Principal Place of Business

3998 FAU Blvd. #
Suite, Apt. #, etc.
307

3. Mailing Address

3998 FAU Blvd Suite 307
Suite, Apt. #, etc.
307

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

Boca Raton FL
33431 Country
USA

City & State

Boca Raton
33431 Country
USA

4. FEI Number

06-1591745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Thomas S. Head

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

3998 FAU Blvd
Suite 307

City Boca Raton FL FL Zip Code 33431

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

10,000

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

DOCUMENT # P000005171171
NAME CMA Development, Inc
STREET ADDRESS 3998 FAU Blvd, Suite 307
CITY-ST-ZIP Boca Raton, FL 33431

STREET ADDRESS

CITY-ST-ZIP

100005171171--0

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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:

Thomas S. Head

Thomas S. Head

2/15/02 561-347-6915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE