

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A00000001192

1. Entity Name  
CONGRESS MEDICAL ASSOCIATES, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:42

Principal Place of Business  
3701 FAU BOULEVARD, SUITE 205  
BOCA RATON, FL 33431

Mailing Address  
3701 FAU BOULEVARD, SUITE 205  
BOCA RATON, FL 33431

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262005 Chg-LP CR2E003 (10/03)

4. FEI Number  
06-1591745

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

HEAD, THOMAS S  
3701 FAU BOULEVARD, SUITE 205  
BOCA RATON, FL 33431

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of ~~rec~~

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. \$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P00000072006  
NAME CMA DEVELOPMENT, INC.  
STREET ADDRESS 3701 FAU BOULEVARD, SUITE 205  
CITY-ST-ZIP BOCA RATON, FL 33431

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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PAID

FEB 10 2005

OK 1305

5158.75

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03/25/05--01059--022 \*\*158.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #