


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001192</b> 1. Entity Name CONGRESS MEDICAL ASSOCIATES, LTD.	
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Principal Place of Business 3701 FAU BOULEVARD, SUITE 205 BOCA RATON, FL 33431	Mailing Address 3701 FAU BOULEVARD, SUITE 205 BOCA RATON, FL 33431
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 06-1591745	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HEAD, THOMAS S 3701 FAU BOULEVARD, SUITE 205 BOCA RATON, FL 33431
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**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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01/24/07-80062-001 500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Head** 1/12/07 561-347 6915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #