

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001192

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** CONGRESS MEDICAL ASSOCIATES, LTD.

**Current Principal Place of Business:**

3701 FAU BOULEVARD, SUITE 205  
BOCA RATON, FL 33431

**New Principal Place of Business:**

4601 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431

**Current Mailing Address:**

3701 FAU BOULEVARD, SUITE 205  
BOCA RATON, FL 33431

**New Mailing Address:**

4601 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431

**FEI Number:** 06-1591745

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

HEAD, THOMAS S  
4601 NORTH DIXIE HIGHWAY  
BOCA RATON, FL 33431 US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2009

Date

**GENERAL PARTNER INFORMATION:**

Document #: P00000072006  
Name: CMA DEVELOPMENT, INC.  
Address: 3701 FAU BOULEVARD, SUITE 205  
City-St-Zip: BOCA RATON, FL 33431

**ADDRESS CHANGES ONLY:**

Address: 4601 NORTH DIXIE HIGHWAY  
City-St-Zip: BOCA RATON, FL 33431

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

Electronic Signature of Signing General Partner

04/30/2009

Date