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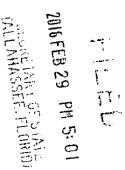
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COVER LETTER

TO: Registration Section						
Division of Corporations						
	3					
SUBJECT: Congress Medical	ASSOCIATES, LTG. or Limited Liability Limited Partnership					
Name of Limited Particiship	or Plutted Cisottick Putties Laurership					
DOCUMENT NUMBER: A00000	001192					
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	ered Office and/or Registered Agent and					
Please return all correspondence concerning	this matter to:					
Amanda Head Moraca						
Contact Person						
Congress Medical Asso	ciates, Ltd.					
Firm/Company						
250 NW 4th Diagonal						
Address						
Boca Raton, FL 33432						
City, State and Zip Code						
E-mail address: (to be used for future annual re-	on nonneation)					
For further information concerning this matt	er, please call:					
Richard A. Murdoch, Esq.	at (
Name of Contact Person	Area Code and Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Florida Department of State.						
STREET ADDRESS:	MAILING ADDRESS:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
Clifton Building	P. O. Box 6327					
2661 Executive Center Circle	Tallahassee, FL 32314					
Tallahassee, FL 32301						

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1	Congress M	ledical Asso	ciates, 1	Ltd	
	Name of Limite	d Partnership or Limi	ited Liability Lia	nited Partner	ship
2.	7/27/00		3. <u>A</u> (000000	1192
	Date of filing/registration	in Florida			ment number
	name of the registered ager ment of State:	at and the registered o	office address as	shown on the	e records of the Florida
		Thomas A. H	lead		_
		Nam	e		•
		250 NW 4th	Diagonal		
		Addre	ess		2016 FEB
		Boca Raton,	FL 3343	2	
	,	City, State	and Zip		T. G
5. The	name and Florida street add	dress of the new regis	tered agent and	or office:	SSET
		Amanda Head	Moraca		
	,,,,,	Nam	C		
		250 NW 4th	Diagonal		
	Florida street address (P.O. Box not acceptable)				
		Boca Raton	FL.	33432	
		City, State	and Zip		-
6. Suc	h change(s) is/are effective DEVELOPMENT, I	when filed by the Flo	rida Departmen	t of State.	
By:		(Aman	da Head M	loraca,	Vice-President)
Signati	ore of General Partner				
1 hereb	y accept the appointment as	registered agent and	d agree to act in	this capacity	. I further agree to
	with the provisions of all s				nance of my duties,
and I a	m familiar with an accept to	ne obligations of my f 	oosiiion as regis	terea agent.	
Signali	ure of Registered Agent				
Filing	g Fee:	\$35.00			
	fied Copy (optional):	\$52.50			