SIGNATURE:

			,	_,	_		
DOCUMENT # A9500001514 1. Entity Name				FILED SECRETARY OF STATE			
CONGRESS II MEDICAL EQUITY INVESTORS, LTD.				DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address				OI FEB 16 PM 1: 1:	5		
222 LAKEVIEW AVE 17TH FLOOR WEST PALM BEACH FL 33401 222 LAKEVIEW AVE 17TH FLOO WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401							
	Place of Business 3. Mailing Address						
2. Principal F				*			
Gardens (enter			DO NOT WRITE IN THIS SPA	cë MJH		
Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410 Gardens Corporate Center 3801 PGA Boulevard, Palm Beach Gardens, FL 33410			Suite 555		4. FEI Number 65-0630422	Applied For Not Applicable	
	rL 33410			5. Certificate of Status Desired	75 Additional		
	6. Name and Address of Current Registered Agent	<u> </u>			7. Name and Address of New Registered Ager	Required	
REGSERV CORP. 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401				REGSERV CORP. Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410 FL Zip Code			
8. T REGSERV CORP. agistered office or registered agent, or both, in the State of Florida.							
SIGN By: 1/33/0/							
Registered Agent signature required when reinstating) APPLIE 10. Amount of Control C							
as Shown on record. \$1,000.00 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 13. ADDRESS CHANGES ONLY							
DOCUMENT #	P95000077289	1	T ADDRESS	7	ADDRESS CHANGES ONLY		
name Street address City-St-Zip	Ongress II Medical Equity Corporation 2 Lakeview Ave., 17th Floor Est Palm Beach Fl 33401		ST-ZIP	3801	Gardens Corporate Center 801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		
DOCUMENT # NAME		STREE	T ADDRESS	ramii	-Deach Gardens, 1 L 55410		
STREET ADDRESS CITY-ST-ZIP		CITY-S	ST-ZIP	<u>-</u>	20000074000		
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STREET ADDRESS CITY-ST-ZIP		CITY-S				<u> </u>	
14. I hereby of indicated the received	certify that the information supplied with this filing does not qualify for the on this report is true and accurate and that my signature shall have the or or trustee empowered to execute this report as required by Chapter	ne exem e same l r 620, Fl	iption state legal effect orida State	ed in Sec at as if ma utes	ction 119.07(3)(i), Florida Statutes. I further certify the lade under oath; that I am a General Partner of the l	hat the information limited partnership or	