

2002 UNIFORM BUSINESS REPORT (UBR)

0000210 AV

WR 4/6

DOCUMENT # **A95000001514**

1. Entity Name
CONGRESS II MEDICAL EQUITY INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -5 PM 1:24

Principal Place of Business GARDENS CORPORATE CENTER 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS FL 33410	Mailing Address GARDENS CORPORATE CENTER 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS FL 33410
--	--



2. Principal Place of Business 3. Mailing Address

3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

DUE BY MAY 1, 2002	
FEI Number 65-0630422	Applied For <input type="checkbox"/> Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**REGSERV CORP.
GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410**

**REGSERV CORP.
3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,000	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	--	--

**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	NAME CONGRESS II MEDICAL EQUITY CORPORATION	STREET ADDRESS	
STREET ADDRESS 3801 PGA BOULEVARD, SUITE 600	CITY-ST-ZIP PALM BEACH GARDENS FL 33410	CITY-ST-ZIP	400005234954--1
DOCUMENT #	NAME	STREET ADDRESS	-04/10/02--01033--001
STREET ADDRESS		CITY-ST-ZIP	***141.25 ***141.25
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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: *Patrick J. DiSalvo* **SIGNATURE REQUIRED** Patrick J. DiSalvo *2/20/02* Vice President Date 561-630-5055

CR2E003 (9/01)