

1201 HAYS STREET
TALLAHASSEE, FL 32301
904-222-9171
904-222-0393 FAX

800-342-8086

A95000001515



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 OCT -9 PM 4:13

ACCOUNT NO. : 072100000032

REFERENCE : 704392 87551A

AUTHORIZATION : *Patricia Pizitz*

COST LIMIT : \$ 87.50

ORDER DATE : October 9, 1995

ORDER TIME : 8:41 AM

ORDER NO. : 704392

CUSTOMER NO: 87551A

CUSTOMER: Ms. Jennifer Van Haitema
LAWRENCE B. JURAN, PA

Suite 100
1200 Corporate Center Way
Wellington, FL 33414

*File
4/11*

000001603880

DOMESTIC FILING

NAME: CONGRESS II INVESTORS, LTD.

RECEIVED
95 OCT -9 AM 10:13
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen B. Rozar

EXAMINER'S INITIALS:

*10/4/95
BRC*

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 OCT -9 PM 4:44

AFFIDAVIT

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

The undersigned, Donald A. Sands ("Affiant"), being first duly cautioned and sworn, deposes and says that:

1. Affiant is the Vice President of Congress II Medical Equity Corporation, a Florida corporation, which is the sole general partner of Congress II Medical Equity Investors, Ltd., a Florida limited partnership, which is the sole general partner of Congress II Investors, Ltd. (the "Partnership"), a limited partnership formed under the laws of the State of Florida.

2. In connection with the formation of the Partnership, Affiant hereby declares that the capital contributions of the limited partners are anticipated to total \$1,000.

FURTHER AFFIANT SAYETH NAUGHT.

IN WITNESS WHEREOF, the undersigned, on behalf of the Partnership, has set his hand and seal this 24th day of September, 1995.

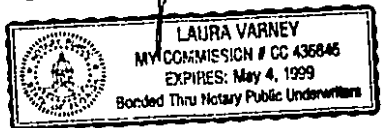
Donald A. Sands
Donald A. Sands, Vice President

STATE OF FLORIDA)
) SS
COUNTY OF PALM BEACH)

Subscribed, sworn to and acknowledged before me this 24th day of September, 1995 by Donald A. Sands, in his capacity as Vice President of Congress II Medical Equity Corporation, a Florida corporation. He is personally known to me and did not take an oath.

Laura Varney
Notary Public

My Commission Expires:



ACCEPTANCE OF REGISTERED AGENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF SECTION 607.0505 FLORIDA STATUTES AND WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Registered Agent:
DASCO Development Corporation, a
Florida corporation

By:

Donald A. Sands
Donald A. Sands, President

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS
JAN 10 1964
PM 4:44

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND 9000 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 27 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
1a. DOCUMENT #
A 95000001515

Congress II Investors Ltd

Principal Office Address
1200 Corporate Center Way
Suite 100
West Palm Beach, FL 33414
1200 Corporate Center Way
Suite 100
West Palm Beach, FL 33414

3. Date Formed or Registered to Do Business in FLORIDA
10-9-95
3a. Date of Last Report
4. State or Country of Formation
FL

5a. Capital Contributions as Shown on Report
1,000
5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee. \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent
Dasco Development Corporation
1200 Corporate Center Way
Suite 100
West Palm Beach, FL 33414

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite Apt # etc
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
<i>Congress II Medical Equity Investors, Ltd</i>	<i>1200 Corporate Center Way Suite 100</i>	<i>Wellington, FL 33414</i>	<i>A 95000001514</i> <i>\$200.00</i>

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.
By Congress II Medical Equity Investors, Ltd
By Congress II Medical Equity Corp

SIGNATURE *Donald A Sands* DATE *12-14-95*
Typed or Printed Name of General Partner Signing Form *Donald A Sands, U.P.* Telephone Number _____

CR2E003 (6/95)