

# 2000 UNIFORM BUSINESS REPORT (UBR)

1.8988 1

**DOCUMENT # A95000001515**  
 1. Entity Name  
**CONGRESS II INVESTORS, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

60 MAY -1 PM 12:06

Principal Place of Business  
 222 LAKEVIEW AVE., 17TH FLOOR  
 WEST PALM BEACH FL 33401

Mailing Address  
 222 LAKEVIEW AVE., 17TH FLOOR  
 WEST PALM BEACH FL 33401-6150



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0631075**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**REGSERV CORP.**  
 222 LAKEVIEW AVE., 17TH FLOOR  
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above **Regserv Corp.** is changing its registered office or registered agent, or both, in the State of Florida.  
 By: **Mark Nussbaum, Vice President**  
 SIGNATURE DATE **4/27/00**  
(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>A95000001514</b> <b>CONGRESS II MEDICAL EQUITY INVESTORS, LTD.</b> <b>222 LAKEVIEW AVE., 17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	
STREET ADDRESS CITY - ST - ZIP	<b>4000003278634--1</b> <b>-06/06/00--01085--025</b> <b>****141.25 ****141.25</b>
STREET ADDRESS CITY - ST - ZIP	
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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: SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Patrick J. DiSalvo** **4/27/00 (561) 655-9008**  
 Vice President Date Daytime Phone #