2002 UNIFORM BUSINESS REPORT (UBR)

A95000001515 DOCUMENT # 1. Entity Name CONGRESS II INVESTORS, LTD. Principal Place of Business Mailing Address **GARDENS CORPORATE CENTER** GARDENS CORPORATE CENTER 3801 PGA BOULEVARD, SUITE 555 3801 PGA BOULEVARD, SUITE 555 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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3801 PGA Boulevard Suite 600 Palm Beach Gardens, FL 33410

3801 PGA Boulevard Suite 600

1-3.-Mailing Address.

Palm Beach Gardens, FL 33410

DUE BY N	IAY 1, 2002	
65-0631075		Applied For
05 003 1075		Not Applicable
5. Certificate of Status Desired		8.75 Additional

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, typed or printed name of registered agent and title if applicable.

6. Name and Address of Current Registered Agent

9. Capital Contributions as Shown on record.

\$1,562,086.00

10. Amount of Capital Contributions in FLORIDA to date. \$1,562,086.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION 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 # NAME	A95000001514 Congress II Medical Equity Investors, Ltd.	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	3801 PGA BOULEVARD, SUITE 985 GOO PALM BEACH GARDENS FL 33410	CITY-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
14 I horsely contify that the information are all admits the City				

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 embewered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Patrick J. DiSalvo

561-630-5055