

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**97 DEC 31 PM 3:35**

1. Name of Limited Partnership

1a. DOCUMENT #  
**A97000000687**

**CONGRESS III MEDICAL EQUITY INVESTORS, LTD.**



Mailing Address

1200 CORPORATE CENTER WAY, SUITE 100  
WELLINGTON FL 33414

Principal Office Address

1200 CORPORATE CENTER WAY, SUITE 100  
WELLINGTON FL 33414

3. Date Formed or Registered

03/21/1997

5a. Capital Contributions as Shown on record:

**\$1,000.00**

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

Suite, Apt. #, etc.

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

6. FEI Number

65-0744067

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**DASCO DEVELOPMENT CORPORATION**  
1200 CORPORATE CENTER WAY, SUITE 100  
WELLINGTON FL 33414

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

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)

CONGRESS III MEDICAL EQUITY

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

1200 CORPORATE CENTER

11b. City, State & Zip Code

WELLINGTON FL 33414

11c. Registration/Document Number

P97000025668

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

400002406734--B  
-01/21/98--01072--003  
\*\*\*\*330.00 \*\*\*\*165.00

156.25-AP  
8.75-CUB

**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.

SIGNATURE

DATE

12-19-97

Patrick J. DiSalvo  
Vice President

Daytime Telephone Number

561-691-9900

Typed or Printed Name of General Partner Signing Form