## FILE ON OR <u>BEFORE</u> DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

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98 DEC 28 PM 12: 46

SECRETARY OF STATE

A9700000087			TALLAHASSEE. FLURIDA		
CONGRESS III MEDICAL EQUITY INVESTORS, LTD.					
Mailing Address  3601 PGA BLVD.: SUITE-1600 PALM BEACH GARDENS-FL-33410	Principal Office Address  9001-PGA-BLVD.: SUITE 1000PALM-BEACH-GARDENS-FL-33410-		3. Date Formed or Registered 03/21/1997 3a. Date of Last Report 12/31/1997	5a. Capital Contributions as Shown on record. \$1,000.00  5b. Amount of Capital Contributions in FLORIDA to determine the contributions of the contributions	
Suite, A 222 Lakeview Avenue 17th Floor West Palm Beach, FL 23401	Suit  222 Lakeview Aver  City 17th Floor  West Palm Beach, 1 33401		4. State or Country of Formation FL 6. FEI Number 65-0744067 7. Certificate of Status Desired 8. Make check payable to: Dept. of S	to date:  Applied For Not Applicable  \$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Res DASCO DEVELOPMENT CORPORATION 3801 PGA BLVD., SUITE 1000 PALM BEACH GARDENS FL 33410	5	Suite, Apt 222 ]	erv Corp. Lakeview Avenue Floor t Palm Beach	33401	
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the oblige By:  SIGNATURE (Registered Agent Accepting Appointment,  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 Par (Do NOT Use Post Office Box Nu		City, State & Zip Code	11c. Registration/ Document Number	
CONGRESS III MEDICAL EQUITY	222 Lakeview Avenue 17 <sup>th</sup> Floor		700002	/\$901023018	CR2E003 (8/98)
Note: General partners MAY NOT be  12. I do hereby certify that the information supplied with this fit Corporations from any liability of non-compliance with Sec this annual report is true and accurate and that my signature.	ing is voluntarily furnished and does not qual tion 119,07(3)(k) in the event that the informa	lify for the exemption s	tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further of	atutes. I release the Division of certify that the information indicated on	
empowered to execute this report as required by chapter 6		31001 0001   1910101	DATE )	2114198	
Typed or Printed Name of General Partner Signing Form	Patrick J. DiSalvo	· · · · · · · · · · · · · · · · · · ·	Daytime Telephone Number 5	61) 655-9008	