

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002944

1. Entity Name
CONGRESS PROFESSIONAL GROUP, L.L.C.

FILED

01 FEB 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

800 NE 77TH STREET
BOCA RATON FL 33487

Mailing Address

800 NE 77TH STREET
BOCA RATON FL 33487

2. Principal Place of Business

900 NW 17th AVE

3. Mailing Address

900 NW 17th AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0928824

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LITICK, MICHAEL M ESQ.
616 E. ATLANTIC AVENUE
DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent

Name MICHAEL ANESTA

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

800 NE 77th ST

City

BOCA RATON

FL

Zip Code

33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ANESTA, MICHAEL J MD
STREET ADDRESS 800 NE 77TH STREET
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE NAME MGRM ANESTA, LENORE B
STREET ADDRESS 800 NE 77TH STREET
CITY-ST-ZIP BOCA RATON FL 33487 ☐ Delete

TITLE NAME MGRM SILVER, MITCHELL D MD
STREET ADDRESS 17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME MGRM SILVER, CAROL Z
STREET ADDRESS 17605 FIELDBROOK CIRCLE EAST
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME MGRM POLERA, DEBRA
STREET ADDRESS 5030 CHAMPION BLVD., SUITE 6-172
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000003718040--3
CITY-ST-ZIP 02/19/01--01035--011

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00 ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MICHAEL J. ANESTA 2/5/01 561-278-3323

0016228

AF

CR2E083 (11/00)