

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002944

FILED  
Jan 12, 2009  
Secretary of State

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

## Current Principal Place of Business:

900 NW 17TH AVE.  
DELRAY BEACH, FL 33445

## New Principal Place of Business:

900 NW 17TH AVE.  
101  
DELRAY BEACH, FL 33445

## Current Mailing Address:

900 NW 17TH AVE.  
DELRAY BEACH, FL 33445

## New Mailing Address:

900 NW 17TH AVE.  
101  
DELRAY BEACH, FL 33445

FEI Number: 65-0928824

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANESTA, MICHAEL  
800 NE 77TH ST.  
BOCA RATON, FL 33487 US

## Name and Address of New Registered Agent:

ANESTA, MICHAEL  
800 NE MORNINGSIDE DRIVE  
BOCA RATON, FL 33487 US

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:

01/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANESTA, MICHAEL J MD  
Address: 800 NE 77TH STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: ANESTA, LENORE B  
Address: 800 NE 77TH STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: SILVER, MITCHELL D MD  
Address: 17605 FIELDBROOK CIRCLE EAST  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete  
Name: SILVER, CAROL Z  
Address: 17605 FIELDBROOK CIRCLE EAST  
City-St-Zip: BOCA RATON, FL 33496

Title: MGRM ( ) Delete  
Name: POLERA, DEBRA  
Address: 900 NW 17TH AVE  
City-St-Zip: DELRAY BEACH, FL 33445

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ANESTA, MICHAEL J MD  
Address: 800 NE MORNINGSIDE DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM (X) Change ( ) Addition  
Name: ANESTA, LENORE B  
Address: 800 NE MORNINGSIDE DRIVE  
City-St-Zip: BOCA RATON, FL 33487

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL ANESTA

DR

01/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date