

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000077289 (3)
 1. Corporation Name
CONGRESS II MEDICAL EQUITY CORPORATION



Principal Place of Business 1200 CORPORATE CENTER WAY SUITE 100 WELLINGTON FL 33414	Mailing Address 1200 CORPORATE CENTER WAY SUITE 100 WELLINGTON FL 33414
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3801 PGA Blvd Suite, Apt. #, etc. 22 Suite 1000 City & State 23 Palm Beach Gardens, FL Zip Country 24 33410 25	2a. Mailing Address 26 3801 PGA Blvd Suite, Apt. #, etc. 27 Suite 1000 City & State 28 Palm Beach Gardens, FL Zip Country 29 33410 30
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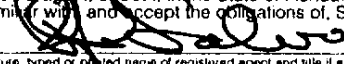
3. Date Incorporated or Qualified 10/09/1995	4. FEI Number 65-0625198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**DASCO DEVELOPMENT CORPORATION
 1200 CORPORATE CENTER WAY
 SUITE 100
 WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable) 3801 PGA Blvd
83 Suite 1000
84 City Palm Beach Gardens FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **3-24-98**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RENDINA, BRUCE A
STREET ADDRESS	% 1200 CORPORATE CENTER WAY, SUITE 100
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	D <input type="checkbox"/> DELETE
NAME	SANDS, DONALD A
STREET ADDRESS	% 1200 CORPORATE CENTER WAY, SUITE 100
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	V <input type="checkbox"/> DELETE
NAME	DISALVO, PATRICK J
STREET ADDRESS	1200 CORPORATE CENTER WAY #100
CITY-ST-ZIP	WEST PALM BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3801 PGA Blvd, Suite 1000
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3801 PGA Blvd, Suite 1000
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3801 PGA Blvd, Suite 1000
3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or as an attachment with an address.

SIGNATURE:  **3-24-98** **561-691-9400**

CR2E034 (10/97)