

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/09/1995

4. FEI Number

65-0625198

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 **3801 PGA Blvd**

Suite, Apt. #, etc.

22 **Suite 1000**

City & State

23 **Palm Beach Gardens, FL**

Zip

24 **33410**

Country

2a. Mailing Address

26 **3801 PGA Blvd**

Suite, Apt. #, etc.

27 **Suite 1000**

City & State

28 **Palm Beach Gardens, FL**

Zip

29 **33410**

Country

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-24-98

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RENDINA, BRUCE A**
CITY-ST-ZIP **% 1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SANDS, DONALD A**
CITY-ST-ZIP **% 1200 CORPORATE CENTER WAY, SUITE 100
WELLINGTON FL 33414**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **DISALVO, PATRICK J**
CITY-ST-ZIP **1200 CORPORATE CENTER WAY #100
WEST PALM BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ 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 ☒ Change ☐ 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 ☒ Change ☐ 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 ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

3-24-98

561-691-9400

CR2E034 (10/97)