

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90195 047 ***150.00

DOCUMENT # P95000077289

1. Entity Name

CONGRESS II MEDICAL EQUITY CORPORATION

Principal Place of Business 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401 US	Mailing Address 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401 US
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2. Principal Place of Business Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410	3. Mailing Address Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0625198	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REGSERV CORP
222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401**

7. Name and Address of New Registered Agent
**REGSERV CORP.
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**
 FL Zip Code

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.
REGSERV CORP. **JAN 29 2001**

SIGNATURE By: *Lawrence J. Diamond*
Lawrence J. Diamond, Vice President DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RENDINA, BRUCE A 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Bruce A Rendina Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SANDS, DONALD A 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Donald A. Sands Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS DISALVO, PATRICK J 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS Patrick J. DiSalvo Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick J. DiSalvo* **Patrick J. DiSalvo** **JAN 29 2001 (561) 630-5055**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)