## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P95000077289 **DOCUMENT#**

CONGRESS II MEDICAL EQUITY CORPORATION

## **FILED** Apr 28, 2003 8:00 am Secretary of State

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Principal Plac 3801 PGA BOI SUITE 600			Mailing Address 3801 PGA BOULEVARD												
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US			US												
2. Principal F	Place of Busin	ness		3. Mailing Address											
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES						
City & Stat			City & State					4. FEI Nu	ımber	65-06	25198		<u> </u>	oplied For	
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Zip		Zip		try		5. Čertific	cate of	Status D	esired		<b>\$8.75</b> Add Fee Require	ditional			
<u>3341</u>		and Address of Current		33410					7. Name and Address of New Registered Agent						
<del> </del>	Name		J. Mante	4114 71	201000	11011 110	JISTOI CO P	.gom							
REGSERV	CORP				;	•									
	BOULEVAR	ก				Street Ad	ddress (P.0	(P.O. Box Number is Not Acceptable)							
SUITE 600		iD.													
		310 FL 00440								····					
AATM REA	ICH GARDE	INS FL 33410				City						FL	Zip Cod	е	
8. The above	named entity	submits this statement for	r the purpose	of changing its	registere	ed office or	registered	d agent or	r both i	in the Sta	te of Florid	ta Lamit	amiliar with	and accept	
	ions of regist		The purpose	or changing its	regioloic	.a 011100 01	regiatore	a agent, or	Doin,	iii iiio ole	200 01 1010		arring vitti	and docopt	
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SIGNATURE.		or printed name of registered agent	and title if applicat	ole. (NOTE	: Registered	Agent signatu	re required wh	hen reinstating				DATE			
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		! FEE IS \$150.00 3 Fee will be \$550.00	1					9.			aign Finar			O May Be	
	•	Florida Department o	f State						Trust	Fund Co	n <b>t</b> ribution.	L_	Added	to Fees	
10.		OFFICERS AND			11.			ADDITIO	NS/CE	IANGES	TO OFFIC	FRS AND	DIRECTOR	S IN 11	
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NAME	Disalvo, I	PATRICK J			NAME	1								ĺ	
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indicated on this report or supplied with this liling does not quality 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 trigger endowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: