
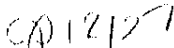


LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 19 PM 12:45

1. Name of Limited Partnership		1a. DOCUMENT # A20275			
CONTINENTAL FAMILY MEDICAL CENTERS, LTD.					
Mailing Address P.O. BOX 1796 MELBOURNE FL 32902		Principal Office Address P.O. BOX 1796 MELBOURNE FL 32902		3. Date Formed or Registered 07/02/1985	5a. Capital Contributions as Shown on record. \$244,330.00
				3a. Date of Last Report 01/03/1996	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 59-2558305 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	


9. Name and Address of Current Registered Agent UNDERILL, H. J. III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32835		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	<div style="text-align: center;">FL</div> Zip Code
10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____		DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11.	Name(s) of General Partner(s)	11a.	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	UNDERHILL, H.J., III GRADY, THOMAS R.		2015 N HWY A1A 134 16TH AVE. SOUTH		INDIALANTIC FL NAPLES FL		10000078723 - 5 -01/03/97-01010--002 ****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE  DATE 12/16/96

Typed or Printed Name of General Partner Signing Form H. J. Underhill III Daytime Telephone Number 407-2422224

CR2E003 (6/96)