

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 JAN 29 AM 9:14

1. Name of Limited Partnership
1a. DOCUMENT #
A20275
Continental Family Medical Centers Ltd
490 N Harbor City Blvd
Melborne FL 32935-6866

Mailing Address
Principal Office Address
H J Underhill III
490 N Harbor City Blvd
Melbourne FL 32935-6866 same

3. Date Formed or Registered
7/2/85
3a. Date of Last Report
12/21/96
4. State or Country of Formation
Florida
5a. Capital Contributions as
Shown on record
244,330.00
5b. Amount of Capital
Contributions in FLORIDA
to date
6. FEI Number
59-2558305
7. Certificate of Status Desired
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

H J Underhill III
490 N Harbor City Blvd
Melbourne FL 32935-6866

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 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
H J Underhill Grady, Tomas R	2015 N Hwy A1a 134 16th Ave So	Indialantic FL 32903 Naples FL	700002420317--9 --02/03/98--01093--003 ***526.25 ***526.25

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)