

DOCUMENT #		A20275	
1. Entity Name			
CONTINENTAL FAMILY MEDICAL CENTERS, LTD.			
Principal Place of Business		Mailing Address	
% H.J. UNDERILL III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935-6866		% H.J. UNDERILL III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935-6858	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
UNDERILL, H. J. III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935			Name
			Street Address (If different from above)
			City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
9. Capital Contributions as Shown on record.		\$244,330.00	10. Amount of Capital Contributions in FLORIDA to date.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED IN FLORIDA. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed.			
12. GENERAL PARTNER INFORMATION			13.
DOCUMENT #	UNDERILL, H.J., III 2015 N HWY A1A INDIALANTIC FL	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	GRADY, THOMAS R. 134 16TH AVE. SOUTH NAPLES FL	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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CITY - ST - ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes, and that my signature shall have the same legal effect as if I am the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: _____		SIGNATURE REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

SIGNATURE: SIGNATURE REQUIRED 4/19/00 321-242-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #