

# - 2001 UNIFORM BUSINESS REPORT (UBR)

0013245 AF

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**DOCUMENT # A20275**

1. Entity Name

**CONTINENTAL FAMILY MEDICAL CENTERS, LTD.**

**FILED**

**01 APR 16 PM 12:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

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 32935-6866**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2558305**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNDERILL, H. J. III  
490 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

**\$244,330.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME **UNDERILL, H.J., III**  
STREET ADDRESS **2015 N HWY A1A**  
CITY-ST-ZIP **INDIALANTIC FL**

STREET ADDRESS  
CITY-ST-ZIP **800004082238--1**  
**-04/26/01--01103--004**

DOCUMENT #  
NAME **GRADY, THOMAS R.**  
STREET ADDRESS **134 16TH AVE. SOUTH**  
CITY-ST-ZIP **NAPLES FL**

STREET ADDRESS  
CITY-ST-ZIP **\*\*\*\*\*526.25 \*\*\*\*\*526.25**

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED** *UNDERILL III*

**4/07/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)