						(5511)	_				ស្តី
DOCUMENT # A20275]:			ril	13245 AF
CONTINENTAL FAMILY MEDICAL CENTERS, LTD.								FILED		8	
Principal Place of Business % H.J. UNDERILL III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935-6866			Mailing Address % H.J. UNDERILL III 490 N. HARBOR CITY BLVD. MELBOURNE FL 32935-6866				O1 APR 16 PM 12: 12 SECRETARY OF STATE TALLAHASSEE FIRMAN IIII IIII IIII IIII				
2. Principal Place of Business			3. Mailing Address				- I TOURING THE THEIR STRIFF THEIR STRIFF THEIR STRIFF STRIFF THEIR ST				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Num	59-255830	5	Applied For Not Applica	_
Zip	Zip Country			•	itry			8.75 Additional ee Required			
	6. Name and	Address of Current R	egistere	d Agent	·		7. Name a	nd Address of New	Registered Ag	ent	\neg
Maria de la companya del companya de la companya de la companya del companya de la companya de l						Name					\neg
Underill, H. J. III 490 N. Harbor City Blyd.						Street Address	Street Address (P.O. Box Number is Not Acceptable)				
	NE FL 32935	••									
MLLDOOM	IIIL I L 02300					City			FL	Zip Code	
8. The above	named entity subr	nits this statement for t	the purpo	ose of changing its	registere	ed office or registe	ered agent, or b	ooth, in the State of F	lorida.		
SIGNATURE	Signature, typed or printe	d name of registered agent and	d title if appli	icable. (NOTE	: Registered	d Agent signature require	d when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$244,330.00 10. Amount of Capital in FLORIDA to date						outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
		RAL PARTNER TH								ier.	
12.		GENERAL PARTNER I	INFORM/	ATION	13.	-		ADDRESS CH	ANGES ONLY		_
DOCUMENT #					CTOC	ET ADDRESS	phree				8
NAME	UNDERILL, H.J.,					ET AUUNESS					_ €
	2015 N HWY A1 INDIALANTIC FL					-ST-ZIP	8	1 1 1 1	6/01 01	103004	E003 (11/00)
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14. I hereby of indicated the receiv	certify that the inform on this report is truder or trustee empower	nation supplied with the e and accurate and the vered to execute this r	nis filing o at my sig report as	loes not qualify for inature shall have the required by Chapte	the exen ne same er 620, F	nption stated in So legal effect as if r lorida Statutes	ection 119.07(3 nade under oat)(i), Florida Statutes. h; that I am a Gener	I further certify al Partner of the	that the information e limited partnership	or

NO TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: