

October 11, 2001

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Mr. H. J. Underill, III General Partner Continental Family Medical Centers LP 490 North Harbor City Blvd. Melbourne, FL 32935-6866

R. C. Taylor, Jr. Trust

Dear Buzz:

Re:

You are correct that the R. C. Taylor, Jr. Trust will be terminating and therefore ownership in the limited partnership will be transferred to the residual beneficiary, which is the findian River Hospital Foundation. The information on the Foundation is as follows:

Indian River Hospital Foundation Rick McDermott, Chairman 1000 36<sup>th</sup> Street Vero Beach, FL 32960

Tax ID #59-0760215

We should be in a position to make distribution in the next thirty (30) days, so it would be appreciated if you would prepare the paperwork necessary to assign the interest and send it to us.

Should you find you need additional information, please let me know.

Sincerely,

W. Andrew White

Senior Vice President and

Senior Trust Administration Officer

WAW/pmc 50201838

cc: Troy B. Hafner, Esquire Todd W. Fennel, Esquire

## FIFTH AMENDMENT TO CONTINENTAL FAMILY MEDICAL CENTERS, LTD. CERTIFICATE AND AGREEMENT OF LIMITED PARTNERSHIP

LTD., a Florida Limited Partnership, here	e partners of CONTINENTAL FAMILY MEDICAL CENTERS, by amend the Certificate of Limited Partnership filed in the office of and amended November 25, 1985, January 28, 1986, February 28, for the following reasons and in the following manner:	
The Partnership's interest of the R will be transferred to the residual beneficia	L.C. Taylor, Jr. Trust, the Limited Partner named in such Certificate, ary, Indian River Hospital Foundation.	
Therefore, "Schedule A of said Ce therefore of "Amended Schedule A" attack	ertificate of Limited Partnership" is amended by the substitution ned hereto.	
EXCEPT as set forth above, the C entirety.	Certificate of Limited Partnership is hereby ratified and confirmed in its	
IN WITNESS WHEREOF, the pa	urties have hereunto set their hands and seals as of this 18th day of	
Signed, sealed and delivered	CONTINENTAL FAMILY MEDICAL CENTERS, LTD., a Florida Limited Partnership	
in the presence of:		
Sherta S. Reagan Signature Sheria Si Reagan	By: H. J. Underilk III Managing General Partner	
Print Name Signature SUSANNE S KVASNOK Print Name	FILE 01 OCT 25 1 SECRETARY C ALLAHASSEF	The state of the s
Signed, sealed and delivered	FILED 25 PM 5: 00 ARY OF STATE SSFF, FLORIDA	
in the presence of:  Sheila & leagan Signature	By: H. J. Underilled	
Print Name  JUNIOLE XIMME  Signature	Attorney in-fact for the Limited Partnership named in Amended Schedule A attached hereto and made a part hereof	
SUSANNE S. AVASNOK Print Name		· —,
Prepared by and return to:	H. J. Underill III 490 N. Harbor City Blvd. Melbourne, Florida 32935	

STATE OF FLORIDA) ss COUNTY OF BREVARD)		
On this JAL day of Act be signed, a Notary Public in and for the State of Flo appeared H. J. Underill III, personally known to r foregoing instrument as Managing General Partne Limited Partnership, and acknowledged that he signess and purposes therein contained.	ne to be the individual described in and where of Continental Family Medical Center	no executed the rs, Ltd., a Florida
WITNESS my hand and official seal heret	to affixed the day and year in this certificat	e above written.
	Sheila S. Peagen.  Notary Public, State of Florida	<del>-</del> .
SHEILA S. REAGAN SHEILA S. REAGAN OMMISSION # DD 039096 AVPIRES: July 14, 2005 Proceed Thru Notary Public Underwriters	Shella S. Reagan Print Name  Commission Number: 039096	
My commission expires: 7/14/0.5		
STATE OF FLORIDA) ss COUNTY OF BREVARD)		FILED 01 OCT 25 PH 5: U* SECRETARY OF STATE TALLAHASSEE, FLORIDA
On this 18th day of 0 day of signed, a Notary Public in and for the State of Flappeared H. J. Underill III, personally known to foregoing instrument as Attorney-in-Fact for the	orida at large, duly commissioned and swo me to be the individual described in and wi	rn, personally ho executed the
WITNESS my hand and official seal hereto affixed year in this certificate above written.	ed the day and	
	Meila & Reaga. Notary Public, State of Florida	
SHELLA S. REAGAN MY COMMISSION # DD 039096 EXPIRES: July 14, 2005 Bonded Titru Notery Public Underwriters	Sheila S. Reagas; Print Name	<u> </u>
(management of the state of the	Commission Number: 039096	

*P* . . . .

My Commission expires: )//4/05

## AMENDED SCHEDULE A

## CONTINENTAL FAMILY MEDICAL CENTERS, LTD.

NAME & ADDRESS OF LIMITED PARTNERS:	UNITS OWNED
Indian River Hospital Foundation Rick McDermott, Chairman 1000 36 <sup>th</sup> Street Vero Beach, FL 32960	121.25
Eileen B. DuBane, Trustee 1499 Brandywine Circle #305 Ft.Myers, FL 33919	12.125
Robert W. Fay 2216 Tarlton Cove Austin, Texas 78746	12.125
Wynn Partnership c/o Larry Wynn 9220 Bonita Beach Rd. Suite 200 Bonita Springs, FL 34135	25-ILED 01 021 25 PM 5: 0* SEGRETARY OF STATE TALLAHASSEE, FLORIDA
NAME & ADDRESS OF GENERAL PARTNERS:	UNITS OWNED
Thomas R. Grady 720 5 <sup>th</sup> Ave. South Suite 200 Naples, Florida 34102	4.125
H.J. Underill, III 490 N. Harbor City Blvd. Melbourne, FL 32935	4.125