

2002 UNIFORM BUSINESS REPORT (UBR)

0008668 AT

DOCUMENT # **A20275**

1. Entity Name

CONTINENTAL FAMILY MEDICAL CENTERS, LTD.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -4

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-2558305

Applied For

Not Applicable

Zip

Country

Zip

Country

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

[Handwritten Signature]
Signature of the registered agent or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$244,330.00

10. Amount of Capital Contribution in FLORIDA to date.

4100-

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	STREET ADDRESS	CITY-ST-ZIP
	UNDERILL, H.J., III	2015 N HWY A1A	INDIALANTIC FL
	GRADY, THOMAS R.	134 16TH AVE. SOUTH	NAPLES.FL

STREET ADDRESS	CITY-ST-ZIP

CR2E003 (9/01)

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Partner

Date

1/8/02

Daytime Phone #

321-242-2224