A95000000899

LAW OFFICES OF
MAYER & SAUERBERG
THE FORUM - TOWER A
1675 PALM BEACH LAKES BOULEVARD
SUITE 700
WEST PALM BEACH, FLORIDA 33401

(407) 683-2404
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EARL E. MAYER, JR.*
ERIC M. SAUERBERG, P.A.
P. TODD KENNEDY, P.A.

* Federal Tax Counsel to the Firm
Admitted in Ohio Only, Practice Limited
to Matters of Federal Tax Law

000001-130015
03/16/95-01006--002
***315.00 ***315.00

March 13, 1995

Secretary of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Senior Care Medical Centers, Ltd.

Dear Sir/Madam:

Enclosed please find two (2) originals of the Certificate of Limited Partnership and Affidavit of Capital Contributions for the above referenced limited partnership. Please file one (1) set of originals and return the other set stamped with the date and time the documents have been accepted for filing.

FILED
95 MAR 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I have enclosed a self-addressed, stamped envelope for the return of the requested documents, along with our client's check in the amount of $315.00 to cover the required filing fee.

Should you have any questions, please do not hesitate to contact me.

Same people have P94000057438

Sincerely,

MAYER & SAUERBERG

Eric M. Sauerberg

Name Availability	3/16/95 dcc
Document Examiner	
Update	
	EMS:cr
Ac no	Enclosures
	\\aquis\\ltrs\\cert-sos.ltr
W P. Verifyer	

TC $40.00

W95000005957

A95000000899

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 16, 1995

ERIC M. SAUERBERG
MAYER & SAUERBERG
1675 PALM BEACH LAKES BOULEVARD, SUITE 7
WEST PALM BEACH, FL 33401

SUBJECT: SENIOR CARE MEDICAL CENTERS, INC.
Ref. Number: W95000005957

We have received your document for SENIOR CARE MEDICAL CENTERS, INC. and your check(s) totaling $315.00. However, the document has not been filed and is being retained in this office for the following:

Every corporation, limited partnership, general partnership, or trust listed as a general partner of a limited partnership or a managing member or manager of a limited liability company must have an active registration/filing on file with this office before this filing will be completed. We are enclosing the appropriate instructions and/or forms for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6913.

Diane Cushing
Corporate Specialist

Letter Number: 095A00011964

CERTIFICATE OF LIMITED PARTNERSHIP
OF
SENIOR CARE MEDICAL CENTERS, LTD.

1. SENIOR CARE MEDICAL CENTERS, LTD.
(Name of Limited Partnership; must contain suffix such as "Limited", "Ltd.", or "Limited Partnership")

2. 10168 W. Sample Road, Coral Springs, Florida 33065
(The Business Address of the Limited Partnership)

3. GEORGE A. LAQUIS, M.D.
(Name of Registered Agent for Service of Process)

4. 10168 W. Sample Road, Coral Springs, Florida 33065
(Florida Street Address for Registered Agent)

FILED
95 JUN 15 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. _____
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)

6. 10168 W. Sample Road, Coral Springs, Florida 33065
(The Mailing Address of the Limited Partnership)

7. The latest date upon which the Limited Partnership is to be dissolved is January 1, 2044.

8.

NAME OF GENERAL PARTNER(S)	SPECIFIC ADDRESS
UNITED PHYSICIANS OF AMERICA, INC.	10168 W. Sample Road Coral Springs, FL 33065

P94000058047

Signed this 25th day of January, 1995.

Signature of all General Partners:

UNITED PHYSICIANS OF AMERICA, INC.

By: _____
GEORGE A. LAQUIS, M.D., President

GENERAL PARTNER

FILED
1995 JAN 15 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

laquis\docs\cert.ltd

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned constituting all of the general partners of SENIOR CARE MEDICAL CENTERS, LTD., a Florida Limited Partnership, certify as follows:

The amount of capital contributions to date of the limited partners is $0.

The total amount contributed and anticipated to be contributed by the limited partners at this time totals $40,000.

This 25th day of January, 1995.

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury I (we) declare that I (we) have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.

FILED
95 JUN 15 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GENERAL PARTNER:

UNITED PHYSICIANS OF AMERICA, INC.

By: _____
GEORGE A. LAQUIS, M.D.,
President

laquis\docs\capcont.aff

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 JAN -2 PM 4:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000000899

SENIOR CARE MEDICAL CENTERS, LTD. 96 AR CM

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

Suite, Apt. #, etc. 100001685541

City, State & Zip -01/10/96--01144--011 ****418.75 ****418.75

2a. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Principal Office Address
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
06/15/1995		FL

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number	7. CERTIFICATE OF STATUS REQUIRED
$40,000.00		65-0570615	Applied For ___ Not Applicable ___ $8.75 Additional Fee required for a Certificate of Status

8. **FEES:** 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5a is greater than amount entered in 5b, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
LAQUIS, GEORGE A M.D. 10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
UNITED PHYSICIANS OF AMERICA	10168 W. SAMPLE ROAD	CORAL SPRINGS FL 3306	P94000058042

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that to the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE X DATE

Typed or Printed Name of General Partner Signing Form Telephone Number

CR2E003 (6/95)

0005340