1062

DEC-18-06 16:43 From: T-589 P.02/02 Job-396

(H06000297455)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 DEC 18 A 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (11/05)

DOCUMENT # A95000000899

1. Name of Limited Partnership

SENIOR CARE MEDICAL CENTERS, LTD.

2. Principal Office Address	3. Mailing Office Address
2825 North State Road 7	2825 North State Road
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Margate, FL	City & State Margate, FL
Zip 33063 Country USA	Zip 33063 Country USA

4. Date Formed or Registered To Do Business in Florida 06/15/1995

5. FEI Number 650570615 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Paul A. Shelowitz

Street Address (P.O. Box Number is Not Acceptable): One Southeast Third Avenue

Suite, Apt. #, Etc.: 28th Floor

City: Miami State: FL Zip Code: 33131

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $88.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records

9. Pursuant to the provisions of section 620.1610 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
United Physicians of America, Inc.	2825 No. State Road 7, Suite 204	Margate, FL 33063	P94000058042

REINSTATEMENT 04-06
AL

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

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access. I further certify that 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 Rafael Rodriguez DATE 12/7/06

Typed or Printed Name of General Partner Signing Form Rafael Rodriguez, MD Telephone Number 954-935-147.

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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Fax Number : (850)205-0383

From: Mary A. Gallo, Paralegal
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
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LP/LLLP REINSTATEMENT

SENIOR CARE MEDICAL CENTERS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$3,000.00

44062-189808

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