2007 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Aug 01, 2007
Secretary of State

DOCUMENT# A95000000899

Entity Name: SENIOR CARE MEDICAL CENTERS, LTD.

Current Principal Place of Business:

2825 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2825 NORTH STATE ROAD 7
SUITE 204
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-0570615 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

SHELOWITA, PAUL A
ONE SOUTHEAST THIRD AVE.
28TH FLOOR
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

Document #: P94000058042
Name: UNITED PHYSICIANS OF AMERICA, INC.
Address: 2825 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAFAEL RODRIGUEZ GP 08/01/2007

Electronic Signature of Signing General Partner — Date