

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A95000000899

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**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 ( )**

**Name and Address of Current Registered Agent:**

SHELOWITZ, 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 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: UNITED PHYSICIANS OF AMERICA

GP

01/04/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date