

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009670 AT

**DOCUMENT # A95000000899**



1. Entity Name  
**SENIOR CARE MEDICAL CENTERS, LTD.**

**FILED**  
03 MAR 31 PM 2:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065</b>	Mailing Address <b>10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065</b>
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2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State      City & State

4. FEI Number **65-0570615**      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**

**LAQUIS, GEORGE A M.D.  
10168 W. SAMPLE ROAD  
CORAL SPRINGS FL 33065**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$40,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 #	P94000058042	STREET ADDRESS	
NAME	UNITED PHYSICIANS OF AMERICA, INC.	CITY-ST-ZIP	<b>300014952973</b>
STREET ADDRESS	10168 W. SAMPLE ROAD		<small>03/31/03--01058--023 **377.50</small>
CITY-ST-ZIP	CORAL SPRINGS FL 33065	STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	<i>BM</i>
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME		STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP		STREET ADDRESS	

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:** *Richard M. [Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**3.24.03**

Date      Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE