2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A95000000899 DOCUMENT

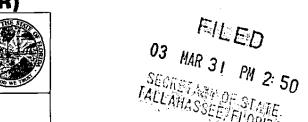
1. Entity Name

SENIOR CARE MEDICAL CENTERS, LTD.



Principal Place of Business 10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065

Mailing Address 10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065





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2. Principal Place of Business		3. Mailing Address	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003		
City & State		City & State		196	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)		
			1	City	_ 	■ Zio Codo

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.

as Shown on record.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions

\$40,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME	P94000058042 UNITED PHYSICIANS OF AMERICA, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	10168 W. SAMPLE ROAD CORAL SPRINGS FL 33065	CITY-ST-ZIP	300014952973
DOCUMENT # NAME		STREET ADDRESS	U3/31/U3U1U38U23 **311.3U
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

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 hapter 620, Florida Statutes

SIGNATURE:

Daytime Phone #