

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002192

1. Entity Name

SENIOR'S QUALITY MEDICAL CENTER, L.L.C.

Principal Place of Business

10806 U.S. 19, SUITE 102  
PORT RICHEY FL 34668

Mailing Address

10806 U.S. 19, SUITE 102  
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORRENCE, ALFRED W JR.  
6645 RIDGE ROAD  
PORT RICHEY FL 34668

Name Haider Khan, MD

Street Address (P.O. Box Number is Not Acceptable)

10806 U.S. 19, Ste 102

City Port Richey

FL

Zip Code

34668

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.

SIGNATURE

Haider Khan, MD

*[Signature]*

4/3/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

Date

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGR  
STREET ADDRESS DELTA MEDICAL MANAGEMENT, L.L.C.  
CITY-ST-ZIP 10806 U.S. 19, SUITE 102  
PORT RICHEY FL 34668 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 100003221791--0  
CITY-ST-ZIP -04/24/00--01168--002  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #