

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000003919

FILED
Feb 18, 2005
Secretary of State

Entity Name: SENIOR QUALITY MEDICAL CARE, INC.

Current Principal Place of Business:

2435 US 19
SUITE 450
HOLIDAY, FL 34691

New Principal Place of Business:

2435 US 19
SUITE 600
HOLIDAY, FL 34691

Current Mailing Address:

2435 US 19
SUITE 450
HOLIDAY, FL 34691

New Mailing Address:

2435 US 19
SUITE 600
HOLIDAY, FL 34691

FEI Number: 59-3490508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHAN, HAIDER A
2435 US 19
SUITE 450
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

KHAN, HAIDER A
2435 US 19
SUITE 600
HOLIDAY, FL 34691 US

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:

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUIZ, ALFONO MD
Address: 8813 RIVER CROSSING BLVD.
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: VP/S () Delete
Name: KHAN, NAZEER H MD
Address: 2435 US 19, STE 450
City-St-Zip: HOLIDAY, FL 34691

Title: D () Delete
Name: KHAN, HAIDER A MD
Address: 2435 US 19, STE 450
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change () Addition
Name: KHAN, NAZEER H MD
Address: 2435 US 19, STE 600
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Change () Addition
Name: KHAN, HAIDER A MD
Address: 2435 US 19, STE 600
City-St-Zip: HOLIDAY, FL 34691

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAZEER H. KHAN, MD

VP/S

02/18/2005

Electronic Signature of Signing Officer or Director

Date