

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90715 015 \*\*\*150.00

0583075 AV

**DOCUMENT # P98000003919**

1. Entity Name  
**SENIOR QUALITY MEDICAL CARE, INC.**



Principal Place of Business  
**10806 US HIGHWAY 19  
STE. 102  
PORT RICHEY FL 34668**

Mailing Address  
**10806 US HIGHWAY 19  
STE. 102  
PORT RICHEY FL 34668**



2. Principal Place of Business

**2435 US 19**  
Suite, Apt. #, etc.  
**ste 450**  
City & State  
**Holiday, FL**

Zip  
**34691** Country

3. Mailing Address

**2435 US 19**  
Suite, Apt. #, etc.  
**ste 450**  
City & State  
**Holiday, FL**

Zip  
**34691** Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3490508**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KHAN, HAIDER A**  
**10806 US 19**  
**STE 102**  
**PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**2435 US 19**  
**ste 450**  
City  
**Holiday, FL** Zip Code  
**34691**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **BATISTA, JOHN**  
STREET ADDRESS **1194 MARINER BLVD.**  
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE **VP** ☐ Delete  
NAME **RAYAN, JAY N**  
STREET ADDRESS **12900 CORTEZ BLVD., #102**  
CITY-ST-ZIP **BROOKSVILLE FL 34613**

TITLE **ST** ☐ Delete  
NAME **ROSE, TREVOR A**  
STREET ADDRESS **6551 RIDGE ROAD, STE. 2**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME **Dir Haider A Khan, m D**  
STREET ADDRESS **2435 US 19 ste 450**  
CITY-ST-ZIP **Holiday, FL 34691**

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

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

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

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Haider A Khan** Director **1/28/03** **727 868-8373**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (10/02)