LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

04 MAY 10 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000843

1. Entity Name

SEDRA FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4750 N. Federal Hwy	Same
Suite, Apt. #, etc. Suite #100	Suite, Apt. #, etc.
City & State Fort Lauderdale, Fla.	City & State
Zip 33308 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number 043691687 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Magda Sedra

Street Address (P.O. Box Number is Not Acceptable): 4750 N. Federal Highway, #100

City: Ft. Lauderdale **FL** Zip Code: 33308

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

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
000.00		

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

DOCUMENT #	L02000013203	STREET ADDRESS	
NAME	SpectraCare Medical Center LL	CITY-ST-ZIP	500037574295
STREET ADDRESS	4750 N. Fed. Hwy #100		05/02/04--01036--005 **158.75
CITY-ST-ZIP	Ft. Lauderdale, Fl 33308		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE**
STREET ADDRESS			**IN THIS SPACE**
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CITY-ST-ZIP			

CR2E003B (12/01)

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: MAGDA SEDRA 4/30/04 (954) 772-5431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #