

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000843

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** SEDRA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4750 N. FEDERAL HWY  
SUITE #100  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4750 N. FEDERAL HWY  
SUITE #100  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 04-3691687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEDRA, MAGDA  
4750 N. FEDERAL HWY  
SUITE #100  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L02000013203  
Name: SPECTRACARE MEDICAL CENTER, LLC  
Address: 4750 N. FEDERAL HWY #100  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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

**MGR**

**01/12/2010**

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date