

# LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 10 AM 11:27

1062  
Wg/83

DOCUMENT # **A02000000843**

1. Entity Name

SEDRA FAMILY LIMITED PARTNERSHIP



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**4750 N. FEDERAL HWY #100**

3. Mailing Address

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.  
**SUITE #100**

Suite, Apt. #, etc.

DUE BY MAY 1<sup>st</sup>

City & State  
**FT LAUDERDALE, FL**

City & State

4. FEI Number  
**04-3691687**

Applied For  
Not Applicable

Zip  
**33308**

Country

Zip

Country

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  
**SEDRA, MAGDA**

Street Address (P.O. Box Number is Not Acceptable)  
**4750 N. FEDERAL HWY SUITE 100**

City  
**FT LAUDERDALE FL 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *[Signature]*

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

*[Signature]* DATE **9/2/03**

DATE

9. Capital Contributions as Shown on record. **250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **250,000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SPECTRACARE MEDICAL CENTER, LLC  
4750 N. FEDERAL HWY #100  
FT LAUDERDALE, FL 33308**

STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

14. 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*[Signature]* **9/2/03**

STAPLE CHECK HERE

CR2E003B (12/02)

DO NOT WRITE  
IN THIS SPACE

attachment

2 of 2



**LEVENSON, KATZIN & BALLOTTA, P.A.**  
CERTIFIED PUBLIC ACCOUNTANTS

3801 Hollywood Boulevard  
Hollywood, Florida 33021-6729  
Broward (954) 961-7940 Dade (305) 653-2550  
North Broward (954) 525-2550  
Telefax: Broward (954) 961-8144 Dade (305) 651-7379

#

Michael R. Ballotta, C.P.A.  
Raymond A. Ballotta, C.P.A.  
Alfred J. Katzin, C.P.A.  
Maurice E. Levenson, C.P.A.

Lynne D. Packar, C.P.A.  
W. Jay Rechtman, C.P.A.  
Steven G. Rosen, C.P.A.

September 3, 2003

Uniform Business Report  
Divisions of Corporation  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Sedra Family Limited Partnership**  
**FEI Number: 04-3691687**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 10 AM 11:27

Dear Sir or Madam:

We are writing on behalf our above-mentioned client regarding their filing of "2003 Uniform Business Report".

Upon review of client's books and records we discover that they did not file their report. After further inquiry we learned that they never received the form and they were unaware of the requirements of filing this form.

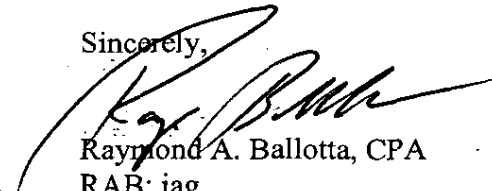
They moved their business location during the past year from 2021 Commercial Boulevard, Fort Lauderdale, Florida to 4750 North Federal Highway, Fort Lauderdale, Florida. Maybe this caused their failing to receive the report.

Consequently, we downloaded a report form for them and we have properly completed the report.

Please accept the attached report as the original filing along with their fee for \$ 526.25, and kindly abate any late penalties, as they did not receive the original form and they did not intentionally disregard the law.

Your cooperation is greatly appreciated.

Sincerely,

  
Raymond A. Ballotta, CPA  
RAB: jag

Enclosure(s)

cc: Mr. & Mrs. Sedra