

# 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

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

3. Mailing Address  
 Same  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**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 State Zip Code  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 1,000.00  
 10. Amount of Capital Contributions in FLORIDA to date.  
 11. MAKE CHECK PAYABLE TO 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	L02000013203 SpectraCare Medical Center LLC 4750 N. Fed. Hwy #100 Ft. Lauderdale, FL 33308	STREET ADDRESS CITY-ST-ZIP 500037574295 06/02/04--01036--005 **158.75
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*JB*

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

CR2E003B (12/01)