

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
May 01, 2007  
Secretary of State**

DOCUMENT# A02000000843

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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

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

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 supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

05/01/2007

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

\_\_\_\_\_  
Date