

**2009 LIMITED PARTNERSHIP ANNUAL REPORT**

**FILED  
Jun 23, 2009  
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:**

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 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

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

MGR

06/23/2009

\_\_\_\_\_  
Date