

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000000843

**Entity Name:** SEDRA FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**Current Mailing Address:**

2500 E COMMERCIAL BLVD.,  
SUITE C  
FT. LAUDERDALE, FL 33308 US

**FEI Number:** 04-3691687

**Certificate of Status Desired:** No

**Name and Address of Current 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 Detail :**

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

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MAGDA SEDRA

**MANAGER**

**02/24/2014**

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

\_\_\_\_\_  
Date