

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-0870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32312

TOLL FREE No. 1-800-345-0022

FAX No. 222-1212

A 76 0000 00 300

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

J. TAX _____
FILING 52.50
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 140.00
N. BANK _____
BALANCE DUE _____
REFUND _____

2/14/96
MK

MK

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	2/14/96		
TIME	10.00		CK No. _____
BY	CD		

WALK-IN
Will Pick Up _____

RE: Esplanade Medical
Center, Inc. L.t.D.

	C.C. FEE.	DISBURSED
Capital Express™		
Art. of Inc. File		
Corp. Record Search		
☒ Ltd. Partnership File		
Foreign Corp. File		
☒ () Cert. Copy(a)		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S.		
Fictitious Name File		
Name Reservation		
Annual Report/Reinstatement		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s, Copies		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX () pgs.		

SUBTOTALS

FEE.....	
DISBURSED.....	
SURCHARGE.....	
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$ 06
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

CERTIFICATE OF LIMITED PARTNERSHIP

OF

ESPLANADE MEDICAL CENTER, LTD.

FILED
SECRETARY OF CORPORATIONS
DIVISION
96 FEB 14 AM 10:22

The undersigned, pursuant to the provisions of Section 620.108 of the Florida Statutes, do hereby certify and swear in this Certificate of Limited Partnership to the following:

1. **NAME.**

The name of the Limited Partnership is:

ESPLANADE MEDICAL CENTER, LTD.

2. **REGISTERED AGENT.**

The name and address of the Registered Agent for the Limited Partnership is:

Firpo Garcia
2875 N.W. 77th Avenue, Suite 100
Miami, Florida 33122

3. **GENERAL PARTNER.**

The name and business address of the sole general partner is as follows:

Guidance Corporation, a Florida corporation
2875 N.W. 77th Avenue, Suite 100
Miami, Florida 33122

PG4 CUU085266

4. **MAILING ADDRESS.**

The mailing address for the Limited Partnership and the location of its principal place of business is as follows:

2875 N.W. 77th Avenue, Suite 100
Miami, Florida 33122

5. DISSOLUTION DATE.

The latest date upon which the Limited Partnership is to dissolve is
February 12, 2094

IN WITNESS WHEREOF, the General Partner has executed this
Certificate of Limited Partnership this 12 day of February, 1996.

GUIDANCE CORPORATION,
a Florida corporation

BY: [Signature]
Firpo Garcia, President

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 FEB 14 AM 10:22

ACCEPTANCE

Pursuant to Section 620.192 of the Florida Statutes, the undersigned accepts its
appointment as registered agent for ESPLANADE MEDICAL CENTER, LTD., a Florida
limited partnership, and accepts all obligations imposed on it as such under Florida
law.

Executed this 12 day of February, 1996.

[Signature]
Firpo Garcia

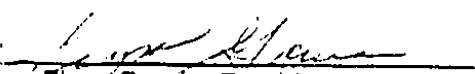
AFFIDAVIT

STATE OF FLORIDA)
) SS.
COUNTY OF DADE)

The undersigned as general partner of ESPLANADE MEDICAL CENTER, LTD.
("Limited Partnership"), declares as follows

The total of capital contributions of the limited partners of the Limited Partnership
through this date is \$100 and the anticipated future capital contributions of the limited
partners to the Limited Partnership is \$100

GUIDANCE CORPORATION,
a Florida corporation

BY: 

Firpo Garcia, President

STATE OF FLORIDA)
) SS
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this 12 day of February,
1996 by Firpo Garcia as President of GUIDANCE CORPORATION, a Florida corporation,
on behalf of the corporation. He has produced a Florida Driver's License as identification.


NOTARY PUBLICPrinted Name: Louderes Ruiz

State of Florida at Large

My Commission Expires:



FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
96 FEB 14 AM 10:22