CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-0870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-3[illegible]
FAX (904) 222-1222

A96000000300

of

RE: E-Z Blonde Medical Center, L.t.D.

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 $ ____

2/14/96
MK

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

MK

	C.C. FEE.	DISBURSED
____ Capital Express℠		
____ Art. of Inc. File		
____ Corp. Record Search		
X Ltd. Partnership File		
____ Foreign Corp. File		
X ( ) Cert. Copy(s)		
____ 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	000001171251	
____ UCC 11 Search	-02/13/96--01020--003	
____ UCC 11 Retrieval	****140.00	****140.00
____ ____ File No.'s, ____ Copies		
____ Courier Service ____		
____ Shipping/Handling		
____ Phone ( )		
____ Top Priority ____		
____ Express Mail Prep. ____		
____ FAX ( ) pgs.		
____ ____		
SUBTOTALS ____		

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

FEE	$
DISBURSED	$
SURCHARGE	$
TAX on corporate supplies	$
SUBTOTAL	$
PREPAID	$
BALANCE DUE	$
____	$

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 FEB 14 AM 10:06

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	2/14/96		
TIME	10:00		CK No.
BY	CD		

WALK-IN
Will Pick Up ____ ____

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

11-2529-7 PONDER'S INC., THOMASVILLE, GA.

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CERTIFICATE OF LIMITED PARTNERSHIP

OF

ESPLANADE MEDICAL CENTER, LTD.

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

P94000085266

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: _____
Firpo Garcia, President

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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.

_____
Firpo Garcia

AFFIDAVIT

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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 PUBLIC
Printed Name: Lourdes Ruiz
State of Florida at Large

My Commission Expires:

LOURDES RUIZ
MY COMMISSION # CC 225677
EXPIRES: September 3, 1998
Bonded Thru Notary Public Underwriters