

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

96 FEB -2 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A96000000300
ESPLANADE MEDICAL CENTER, LTD. 98-AR CM	



2. Mailing Address		2a. Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
2875 N.W. 77TH AVENUE, SUITE 100 MIAMI FL 33122		2875 N.W. 77TH AVENUE, SUITE 100 MIAMI FL 33122		02/14/1996	\$100.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to state
City & State		City & State		01/24/1997	
Zip Country		Zip Country		4. State or Country of Formation	
				FL	
				6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				65-0644299	
				7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
GARCIA, FIRPO 2875 N.W. 77TH AVENUE, SUITE 100 MIAMI FL 33122	Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City
	0102426330--3 02/10/98--01026--009 ****526.25 ****526.25 FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s) I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GUIDANCE CORPORATION	2875 N.W. 77TH AVENUE	MIAMI FL 33122	P94000085266

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE 
Typed or Printed Name of General Partner Signing Form **FIRPO GARCIA**

Daytime Telephone Number

DATE **9/10/97**
(305) 593-1911

CR2E003 (6/97)