

2000 UNIFORM BUSINESS REPORT (UBR)

0003896 AF

DOCUMENT # **A96000000300**

1. Entity Name

ESPLANADE MEDICAL CENTER, LTD.

FILED

00 APR -5 PM 2: 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**2875 N.W. 77TH AVENUE, SUITE 100
MIAMI FL 33122**

Mailing Address
**2875 N.W. 77TH AVENUE, SUITE 100
MIAMI FL 33122-1407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0644299**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, FIRPO
2875 N.W. 77TH AVENUE, SUITE 100
MIAMI FL 33122**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record. **\$100.00**

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P94000085266**
NAME **GUIDANCE CORPORATION**
STREET ADDRESS **2875 N.W. 77TH AVENUE, SUITE 100**
CITY - ST - ZIP **MIAMI FL 33122**

STREET ADDRESS
CITY - ST - ZIP **300002217138--3
-04/21/00--01001--011
***141.25 ***141.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

03/02/00 305.597.5576
Date Daytime Phone #

CR2E003 (9/99)