

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000000300

**FILED**  
**May 14, 2009**  
**Secretary of State**

**Entity Name:** ESPLANADE MEDICAL CENTER, LTD.

**Current Principal Place of Business:**

470 BILTMORE WAY, STE. 100  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

470 BILTMORE WAY, STE. 100  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-0644299      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GARCIA, FIRPO  
470 BILTMORE WAY, STE. 100  
CORAL GABLES, FL 33134      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 INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #: P94000085266  
Name: GUIDANCE CORPORATION  
Address: 470 BILTMORE WAY, STE. 100  
City-St-Zip: CORAL GABLES, FL 33134

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: FIRPO GARCIA

MGR

05/14/2009

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

\_\_\_\_\_  
Date