2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000976 AT

DOCUMENT # A96000000300

1. Entity Name
ESPLANADE MEDICAL CENTER, LTD.

141. FILED
2003 MAR 12 PM 12:01
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business	3. Mailing Address
470 Biltmore Way	470 Biltmore Way
Suite, Apt. #, etc.: suite 100	Suite, Apt. #, etc.: suite 100
City & State: Coral Gables, Fl.	City & State: Coral Gables, Fl.
Zip: 33134 Country: ~~Dade~~ USA	Zip: 33134 Country: ~~Dade~~ USA

DUE BY MAY 1, 2003

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: Garcia, Firpo Street Address (P.O. Box Number is Not Acceptable): 470 Biltmore Way suite 100 City: Coral Gables FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: 3/7/03
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100.00		

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	STREET ADDRESS	470 Biltmore Way Suite 100
NAME	GUIDANCE CORPORATION	CITY-ST-ZIP	Coral Gables, FL 33134
STREET ADDRESS	2875 N.W. 77TH AVENUE, SUITE 100		
CITY-ST-ZIP	MIAMI FL 33122		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	700013984637
NAME		CITY-ST-ZIP	03/12/03--01025--001 **141.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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 3/7/03 305-448-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #