

2019 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A96000000300

Entity Name: ESPLANADE MEDICAL CENTER, LTD.

Current Principal Place of Business:

470 BILTMORE WAY
SUITE 100
CORAL GABLES, FL 33134

Current Mailing Address:

470 BILTMORE WAY
SUITE 100
CORAL GABLES, FL 33134 US

FEI Number: 65-0644299

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GAME PROPERTIES INC
470 BILTMORE WAY
SUITE 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: KATRINA GARCIA

04/11/2019

Electronic Signature of Registered Agent

Date

General Partner Detail :

Document # P94000085266
Name GUIDANCE CORPORATION
Address 470 BILTMORE WAY
SUITE 100
City-State-Zip: CORAL GABLES FL 33134

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FIRPO GARCIA

P

04/11/2019

Electronic Signature of Signing General Partner Detail

Date