2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

FILED Jan 25, 2007 08:00 A Secretary of State

DOCUMENT	F#A96000000300
1. Entity Name	

ESPLANADE MEDICAL CENTER, LTD.



Principal Place of Business 470 BILTMORE WAY, STE. 100 CORAL GABLES, FL 33134

Mailing Address

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



01192007 No Chg-LP

CR2E003 (12/06)

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

GARCIA, FIRPO 470 BILTMORE WAY, STE. 100

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE

CORAL G	ABLES, FL 33134	IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its regions of registered agent.	istered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printer; name of registered egent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	
	A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the	Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P94000085266	•
NAME	GUIDANCE CORPORATION	V00000603830
STREET ADDRESS	470 BILTMORE WAY, STE. 100	01/23/07-80029-025 \$00.00 (
CITY-ST-ZIP	CORAL GABLES, FL 33134	
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14. I hereby of indicated or the rec	settify that the information supplied with this filing does not qualify for it on this report is true and accurate and that my signature shall have the : ewer or trustee emgowered to execute this report as required by Chapte	e exemptions contained in Chapter 119, Florida Statutes. I further certify that the information tame legal effect as if made under oath; that I am a General Partner of the limited partnership if 620, Florida Statutes