2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A9600000300

1. Entity Name

Principal Place of Business

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

ESPLANADE MEDICAL CENTER, LTD.



Mailing Address

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

FILED Feb 11, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01142008 No Chg-LP CR2E003 (12/06)

4. FEI Number
65-0644299 Applied For
Not Applied For
Not Applied For
Not Applied For
Required
Foe Required

6. Name and Address of Current Registered Agent

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

STAPLE CHECK HERE

SIGNATURE

DO NOT WRITE IN THIS SPACE

 the above harned entity submits this statement for the purpose of changing its registered onlice of registered agent, or both, in the State of Florida, if an Hamilian with and accept the obligations of registered agent. 		
SIGNATURE Signature, good or printed name of registered agent and title if applicable.		DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		
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	
DOCUMENT #	P94000085266	
NAME	GUIDANCE CORPORATION	
STREET ADDRESS	470 BILTMORE WAY, STE. 100	U00000324901
\$15 ST 218	CORAL GABLES, FL 33134	000000324901 02/20/08~80095-024 500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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		