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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000025453 (8)**

1. Corporation Name

ESI JONESBORO LP, INC.

Principal Place of Business	Mailing Address
1400 CENREPARK BLVD. SUITE 600 W. PALM BEACH FL 33401	1400 CENREPARK BLVD. SUITE 600 W. PALM BEACH FL 33401

3. Date Incorporated or Qualified: **03/27/1995**

3a. Date of Last Report:

4. FEI Number: **65-0578841** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No See Attached

2. Principal Place of Business	2a. Mailing Address
21 11760 US Highway One	26 11760 US Highway One
Suite, Apt. #, etc. 22 Suite 600	Suite, Apt. #, etc. 27 Suite 600
City & State 23 North Palm Beach, FL	City & State 28 North Palm Beach, FL
Zip / Country 24 33408 / 25 US	Zip / Country 29 33408 / 30 US

9. Name and Address of Current Registered Agent

LEON, J. E
9250 W. FLAGLER STREET
MIAMI FL 33174

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TANCER, EDWARD F 11770 U.S. HIGHWAY 1 N. PALM BEACH FL 33408	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP HOFFMAN, KENNETH P 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DV GELBER, LESLIE J 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DT MCGRATH, ROBERT L 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	V BONILLA, LORI J 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S CARPENTER, FRANCES M 11760 US HWY ONE, #600 NORTH PALM BEACH FL 33408	☐ Change ☒ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	400001782004 -04/16/96--01057--005 ***200.00	☐ Change ☐ Addition

4-15-96 JK

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frances M. Carpenter 3/18/96 Frances M. Carpenter (407) 691 3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #