FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

FILED
SECRETARY OF STATE
DIVISION OF COMPORATIONS

98 DEC 28 AM 8: 29

	A96000001616			1/12
GLENDALE HEALTHCARE INVE PARTNERSHIP				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3801 PGA BOTHEVARD. SUITE 1000 PALM BEACH GARDENS FL 33410	3801 PGA BÓNLEVARD. SUITE 1000 PALM BEACH GARDENS FL 33410		07/29/1998 3a. Date of Last Report	\$1,000.00
7			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	
Suite 222 Lakeview Avenue 17th Floor City West Palm Reach FI	Suite, 222 Lakeview A 17th Floor City 8	·	6. FEI Number	Applied For Not Applicable
City: West Palm Beach, FL Zip 33401	West Palm Beach	h, FL	7. Certificate of Status Desired	\$8.75 Additional Fee Required
			8. Make check payable to: Dept. of S	tate (See reverse side for fee information)
9. Name and Address of Current Re	egistered Agent		10. If changed, new Registered	Agent/Office
LAWRENCE B. JURAN, P.A. 3801 PGA BOULEVARD, SUITE 1000 PALM BEACH GARDENS FL 33410		Street Addri 222 Sulte, Apt. 1 17th	gserv Corp. Lakeview Avenue Floor st Palm Beach 334	IO1
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment).	Regser By:	atrick J. Di Vice Presid	Salvo al partner(s), I hereby	State of Florida, submits this statement accept the appointment of registered
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		City, State 8. Zip Code	11c. Registration/ Document Number
GLENDALE HEALTHCARE MED. EQU	222 Lakeview Avenue We		LM BEACH GARDENS FL	A98000001815
			est Palm Beach, FL 401 400002 -01/13/ ****14	'9901083- - 004
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.				

SIGNATURE _

Typed or Printed Name of General Partner Signing Form

Patrick J. DiSalvo