

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15222**

1. Entity Name

**GRAMERCY PARK NURSING CARE CENTER, LIMITED**

FILED

02 JAN 14 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**17475 S DIXIE HIGHWAY  
MIAMI FL 33157**

Mailing Address

**1114 WYNWOOD AVE  
CHERRY HILL NJ 08002**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**23-2258958**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSHINSKY, LEONARD P.A.  
1150 E. HALLANDALE BEACH BLVD., SUITE A  
HALLANDALE FL 33009-4432**

Name

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

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$980.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F50630**  
NAME **GRAMERCY PK NURSING CTR**  
STREET ADDRESS **1114 WYNWOOD AVE.**  
CITY-ST-ZIP **CHERRY HILL NJ**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**000004778990--4**  
**-01/16/02--01084--011**  
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0018348 AB