

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAR 24 PM 1:42

1. Name of Limited Partnership NORTH SHORE RETIREMENT CENTER LIMITED PARTNERSHIP	1a. DOCUMENT # A25415
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Mailing Address * GLENMARK HEALTH CARE CORP. 100 DUTCH HILL RD. SUITE 316 ORANGEBURG NY 10902	Principal Office Address * GLENMARK HEALTH CARE CORP. 100 DUTCH HILL RD. SUITE 210 ORANGEBURG NY 10902
2. Mailing Address 2 CROSSFIELD AVE. Suite, Apt. #, etc. 414 City & State WEST NYACK NY Zip 10994	2a. Principal Office Address Suite, Apt. #, etc. SAME City & State Zip Country

3. Date Formed or Registered 11/02/1987	5a. Capital Contributions as Shown on record. \$2,200,000.00
3a. Date of Last Report 03/08/1996	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 22-2843258
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SELKOW, DAVID C/O THE FLAGLER INN 325 38TH STREET WEST PALM BEACH FL 33407
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10. If changed, new Registered Agent/Office Name 1000002126251--3 Street Address (P.O. Box Number Is Not Acceptable) 03/27/97--01098--015 Suite, Apt. #, etc. ****541.25 ****541.25 City FL	Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ROBERT BERGER HEALTH CARE IN	4515 NESCONSET HWY.	NEW YORK NY	J98443
GLENMARK HEALTH CARE CORP.	833 SYLVAN AVENUE 2 CROSSFIELD AVE SUITE 414	ENGLEWOOD CLIFFS NJ WEST NYACK N.Y.	J98610

dec 541.25 (new fees)

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 oath. 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 *[Signature]* DATE **3-17-97**

Typed or Printed Name of General Partner Signing Form **Richard Selkow** Daytime Telephone Number _____

CR2E003 (11/96)