

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 20 AM 11:26

1. Name of Limited Partnership

1a. DOCUMENT #
A25415

NORTH SHORE RETIREMENT CENTER LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

% GLENMARK HEALTH CARE CORP.
2 CROSFIELD AVE., #414
WEST NYACK NY 10994

% GLENMARK HEALTH CARE CORP.
2 CROSFIELD AVE., #414
WEST NYACK NY 10994

3. Date Formed or Registered

11/02/1987

5a. Capital Contributions as Shown on record.

\$2,200,000.00

3a. Date of Last Report

03/24/1997

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

6. FEI Number

22-2843258

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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 36TH STREET
WEST PALM BEACH FL 33407

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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
GLENMARK HEALTH CARE CORP.

4515 NESCONSET HWY.
2 CROSFIELD AVE STE 4

NEW YORK NY
WEST NYACK NY

J98443
J98610

Handwritten signature and date: 4-22

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

DATE

CR2E003 (12/97)