

**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

FILED
JUN 19 1999
10 30
TAMPA, FLORIDA



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

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

11/02/1987

3a. Date of Last Report

04/20/1998

4. State or Country of Formation

FL

6. FEI Number

22-2843258

7. Certificate of Status Denial

\$8.75 Annual Fee Required

8. Make the payment to Dept. of State (see instructions for details)

5a. Capital Contributions as Shown on record

\$2,200,000.00

5b. Amount of Capital Contributions in Florida to date

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

SELKOW, DAVID
C/O THE FLAGLER INN
325 36TH STREET
WEST PALM BEACH FL 33407

Name

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

Suite, Apt #, etc

City

10. If changed, new Registered Agent Office

PHONE 12 263 72 77 - 1
-02703293--01068--021
***526.25 ***526.25
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). Thereby accepting 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/Identification 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

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(5)(b) 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 to be a public record. I further certify that the information contained 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

Typed or Printed Name of General Partner Signing Form David Selkowitz

Daytime Telephone Number

CS2E002 (8/99)