

2000 UNIFORM BUSINESS REPORT (UBR)

0020280 AB

DOCUMENT # A25415
1. Entity Name
NORTH SHORE RETIREMENT CENTER LIMITED PARTNERSHI

FILED

00 APR -6 AM 11:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 % GLENMARK HEALTH CARE CORP.
 2 CROSFIELD AVE.. #414
 WEST NYACK NY 10994

Mailing Address
 % GLENMARK HEALTH CARE CORP.
 2 CROSFIELD AVE.. #414
 WEST NYACK NY 10994-2212

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-2843258
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 SELKOW, DAVID
 C/O THE FLAGLER INN
 325 36TH STREET
 WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent
 Name: DAVID SELKOW
 Street Address (P.O. Box Number is Not Acceptable): 3846 N.W. 52ND ST
 City: BOCA RATON FL Zip Code: 33496

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] DATE: 4/3/00
 (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. \$2,200,000.00
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 #	J98443	STREET ADDRESS	STREET ADDRESS	
NAME	ROBERT BERGER HEALTH CARE INC.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	4515 NESCONSET HWY.			
CITY - ST - ZIP	NEW YORK NY			
DOCUMENT #	J98610	STREET ADDRESS	STREET ADDRESS	
NAME	GLENMARK HEALTH CARE CORP.	CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS	2 CROSFIELD AVE STE 414			
CITY - ST - ZIP	WEST NYACK NY			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY - ST - ZIP	CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	CITY - ST - ZIP	
STREET ADDRESS				
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] **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: 4/3/00 Daytime Phone #: (561) 998-4493

CR2E003 (9/99)