

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

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 **22-2843258** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 DATE **4/3/00**
Signature, typed or printed name of registered agent and title if applicable (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	
DOCUMENT #	J98443
NAME	ROBERT BERGER HEALTH CARE INC.
STREET ADDRESS	4515 NESCONSET HWY.
CITY - ST - ZIP	NEW YORK NY
DOCUMENT #	J98610
NAME	GLENMARK HEALTH CARE CORP.
STREET ADDRESS	2 CROSFIELD AVE STE 414
CITY - ST - ZIP	WEST NYACK NY
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	3846 N.W. 52ND ST.
CITY - ST - ZIP	BOCA RATON, FL. 33496
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000003217720--6
CITY - ST - ZIP	-04/20/00--01113-013
STREET ADDRESS	***526.25 ***526.25
CITY - ST - ZIP	
STREET ADDRESS	
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 REQUIRED** DATE **4/3/00** DAYTIME PHONE # **(561) 998-4493**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)