

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #**  
 1. Entity Name  
A 25,415

**FILED**  
 01 APR 20 PM 12:10  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**GLENMARK HEALTH CARE CORP**  
**3846 NW 52nd St**  
**BOCA RATON, FL 33496**

Mailing Address  
**Glenmark Health Care Corp**  
**3846 NW 52nd St**  
**BOCA RATON FL 33496**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country  
 Zip  
 Country

4. FEI Number  
22-2843256

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**  
**384 FLAFLER INN**  
**3700 PENNSYLVANIA AVE**  
**WAB FL 33407**

**7. Name and Address of New Registered Agent**

Name **DAVID SELKOW**

Street Address (P.O. Box Number is Not Acceptable)  
**3846 NW 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 **4/16/01**

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**

10. Amount of Capital Contributions in FLORIDA to date. **2,200,000**

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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>J98443</b> <b>ROBERT BERGER HEALTH CARE</b> <b>4515 NESLONSON AVE NY</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>J98610</b> <b>Glenmark HealthCare Corp</b> <b>3846 NW 52nd St Boca Raton FL</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>3846 NW 52nd St</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (11/00)