

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

22-2843256

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SELKOW, DAVID

384 FLAFLER INN
3700 PENNSYLVANIA AVE
WALTON, FL 33407

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

13. ADDRESS CHANGES ONLY

DOCUMENT # J98443
NAME ROBERT BERGER HEALTH CARE
STREET ADDRESS 4515 NESLONSON AVE NY
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
STREET ADDRESS 3846 NW 52nd St
CITY-ST-ZIP BOCA RATON FL 33496

DOCUMENT # J98610
NAME Glenmark HealthCare Corp
STREET ADDRESS 3846 NW 52nd St Boca Raton FL
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
300004162363-5
-05/08/01--01080--016
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)