

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -8 PM 1:30



1. Name of Limited Partnership
PBG MEDICAL MALL SNF, LTD.

1a. DOCUMENT #
A94000001300

| | | | |
|---|--|---|---|
| Mailing Address 197 FIRST AVE. NEEDHAM MA 02194 | Principal Office Address 197 FIRST AVE. NEEDHAM MA 02194 | 3. Date Formed or Registered 09/26/1994 | 5a. Capital Contributions as Shown on record \$1,000.00 |
| 2. Mailing Address Suite, Apt. #, etc. | 2a. Principal Office Address Suite, Apt. #, etc. | 3a. Date of Last Report 01/03/1997 | 5b. Amount of Capital Contributions in FLORIDA to date |
| City & State | City & State | 4. State or Country of Formation FL | |
| Zip | Country | 6. FEI Number 65-0537463 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

| | |
|---|--|
| 9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR., SUITE 500 EAST WEST PALM BEACH FL 33401 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City |
|---|--|

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). I hereby accept 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/ Document Number |
|-----------------------------------|---|------------------------------|------------------------------------|
| PBG MEDICAL MALL SNF, INC. | 777 S. FLAGLER DR., S | WEST PALM BEACH FL 33 | P94000070657 |

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(3)(k), 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 exempt from public access. I further certify that the information indicated 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: **Frederick A. Leather?** Daytime Telephone Number: **(617) 433-1030**

CR2E003 (6/97)