

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -5 AM 9:15

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001300

PBG MEDICAL MALL SNF, LTD.

*AAAL
CM*

Mailing Address

Principal Office Address

-197 FIRST AVE.
NEEDHAM MA 02194

-197 FIRST AVE
NEEDHAM MA 02194

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

Country

*110 Cedar St
Suite 20
Wellesley, MA
02181*

*110 Cedar St
Suite 20
Wellesley, MA
02181*

3. Date Formed or Registered

09/26/1994

3a. Date of Last Report

01/08/1998

4. State or Country of Formation

FL

6. FEI Number

65-0537463

7. Certificate of Status Desired

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

10. If changed, new Registered Agent/Office

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**

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

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). Thereby, 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

Daytime Telephone Number

CR2E003 (8-98)