

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # J98610 (5)
1. Corporation Name
GLENMARK HEALTH CARE CORP.



Principal Place of Business
% THE PRENTICE-HALL CORPORATION SYSTEM INC
SUITE 420, FIRST FLORIDA BANK BLDG.
TALLAHASSEE FL 32301

Mailing Address
100 DUTCH HILL RD.
#216
ORANGEBURG NY 10962-2161

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 3700 POINSETTIA AVE		10/23/1987	05/01/1996
22 State Apt # etc		27 Suite, Apt #, etc		4. FEI Number	Applied For
22		27		59-2683840	Not Applicable
23 City & State		28 W. PALM BEACH		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/> Yes	\$5.00 May Be Added to Fees
24 Zip		29 33407		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Country		30 USA		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SELKOW, DAVID 3700 POINSETTIA AVE WPB FL 33407		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SELKOW, RICHARD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	US 1 & MILE MARKER 100.3	1.2 NAME	
STREET ADDRESS	ENGLEWOOD CLIFFS NJ	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SELKOW, DAVID	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	US 1 & MILE MARKER 100.3	2.2 NAME	
STREET ADDRESS	ENGLEWOOD CLIFFS NJ	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: 4/16/97

CR2E034 (9/96)