A95000001729

TODD A. STERZOY
Holland and Knight

(Requestor's Name)
315 South Calhoun Street Suite 600
(Address)
Tallahassee, Florida 32302
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 PM 1:53

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 PM 1:54

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Regency Health Properties VI, Ltd.
(Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #)
4. (Corporation Name) (Document #)

XX Walk in XX Pick up time 3:00 11-15-95 Certified Copy 300001644463
-11/22/95--01084--017
****148.75 ****148.75

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
X	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAX 6.25
FILING 52.50
R. AGENT FEE 35.00
C. COPY 52.50
TOTAL 148.75
N. SAMK
BALANCE DUE
REFUND

RECEIVED
95 NOV 15 PM 12:19
DIVISION OF CORPORATION

11/15/95
10/15

Examiner's Initials DK

CR2E031(10/92)

CERTIFICATE OF LIMITED PARTNERSHIP

OF

REGENCY HEALTH PROPERTIES VI, LTD.

a Florida limited partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 PM 1:54

The undersigned, desiring to form a limited partnership pursuant to the laws of the State of Florida, does hereby certify as follows:

1. Name. The name of the limited partnership is as follows:

Regency Health Properties VI, Ltd.

2. Address. The street address of the principal place of business and the mailing address for the limited partnership is as follows:

45 Seton Trail
Ormond Beach, Florida 32176

3. Registered Agent. The address of the office and the name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, are as follows:

J. Steven Garthe
45 Seton Trail
Ormond Beach, Florida 32176

4. General Partner. The name and business address of the sole general partner of the limited partnership are as follows:

Regency Health Care Centers, Inc.
45 Seton Trail
Ormond Beach, Florida 32176 P95000016872

5. Termination. The latest date upon which the limited partnership is to dissolve is December 31, 2025.

Under penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated therein are true and correct.

Signed this 14th day of November, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 PM 1:54

GENERAL PARTNER:

Regency Health Care Centers, Inc.

By: _____
Ronald E. Hayes, as its President

ORI-143089.1\812
33996-1

ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT AND AGENT FOR SERVICE OF PROCESS

The undersigned, having been designated the Agent for Service of Process, pursuant to Section 620.105, Florida Statutes, and Registered Agent, pursuant to Section 620.192, Florida Statutes, of Regency Health Properties VI, Ltd., a limited partnership to be formed concurrently herewith under the Florida Revised Uniform Limited Partnership Act (1986), does hereby accept such designation and the obligations provided for in Sections 620.105 and 620.192, Florida Statutes.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 PM 1:54

J. Steven Gartner

Dated: 11/14/95

ORL-143089.1\812
33996-1

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

The undersigned, Regency Health Care Centers, Inc., who is the sole general partner of Regency Health Properties VI, Ltd., a Florida limited partnership, certifies:

1. The amount of capital contributions to date of the limited partners is $10.00.

2. The total amount of capital contributed and anticipated to be contributed by the limited partners at this time totals $10.00.

Signed this 14th day of November, 1995.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 15 PM 1:54

FURTHER AFFIANT SAYETH NOT.

Under the penalties of perjury, I declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

GENERAL PARTNER:

Regency Health Care Centers, Inc.

By: _____
Ronald E. Hayes, as its President

ORL-143089.1\812
33996-1

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

Reflim 2-1479

LIMITED PARTNERSHIP ANNUAL REPORT 1996

A95000001729

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

FILED
95 NOV 20 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-20 DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Regency Health Properties VI, Ltd.

1a. DOCUMENT # A95000001729

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address	Principal Office Address
45 Seton Trail Ormond Beach, FL 32176	45 Seton Trail Ormond Beach, FL 32176

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	**3a.** Date of Last Report	**4.** State or Country of Formation
11/15/95	N/A	Florida

5a. Capital Contributions as Shown on Record	**5b.** Amount of Capital Contributions in FLORIDA to date	**6.** FEI Number			**7.** CERTIFICATE OF STATUS REQUIRED ☐
$10.00	$10.00		X	Applied For	[redacted]
				Not Applicable	

8. FEES: 1.) Filing Fee: Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee: $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

J. Steven Garthe
45 Seton Trail
Ormond Beach, FL 32176

10. If changed, new Registered Agent/Office

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). 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
Regency Health Care Centers, Inc.	45 Seton Trail	Ormond Beach, FL 32176	P93000016872

500001655275
-12/06/95--01116--022
****191.25 ****191.25

KWM

CR2E003 (6/95)

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 11/20/95

Typed or Printed Name of General Partner Signing Form Ronald E. Hayes, as President of Telephone Number (904) 673-0060

Document Number Only

A95000001729

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 222-1092

City State Zip Phone

CORPORATION(S) NAME

600001805046
-05/02/96--01059--013
*****35.00 *****35.00

FILED
96 MAY 2 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Papeway Heights Properties VI, LLC

( ) Profit
( ) NonProfit
( ) Limited Liability Co.
( ) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
( ) Limited Partnership
( ) Reinstatement
( ) Annual Report
( ) Reservation
( ) Other
(X) Change of R.A.
( ) Fic. Name
( ) Certified Copy
( ) Photo Copies
( ) CUS
( ) Call When Ready
(X) Walk In
( ) Mail Out
( ) Call If Problem
( ) After 4:30
(X) Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CR2E031 (1-89)

5-2-96

PLEASE RETURN EXTRA COPIES
FILE STAMPED

5/2

Jon
RA
Change

Florida Department of State, Jim Smith, Secretary of State

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. The name of the limited partnership is:
Regency Health Properties VI, Ltd.

2. The date of filing/registration in Florida:
11/15/95

3. Document number assigned:
A95000001729

4. The name and address of the present registered agent and office:
Steven J. Garthe
45 Seton Trail
Ormond Beach, FL 32176

FILED
96 MAY -2 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

5. The name and address of the successor registered agent and office.:
(P.O. Box not Acceptable)
C T CORPORATION SYSTEM
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Such change was authorized by the general partners.

SIGNATURE: _____, Sr V.P. Reg Health Corp Properties, Inc.
General Partner
S.J. Garthe

Date: 4/29/96

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

C T CORPORATION SYSTEM

SIGNATURE: _____
(Officer)

PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

Date: 4/30/96

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE 4

Filing Fee: $35.00

(FLA. – LP 2824 – 2/1/92)

Document Number Only

A95000001729

CT CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, Florida 32301

City State Zip Phone

900001853269
-06/06/96--01031--007
******3.75 ******8.75

96 MAY 23 PM 2:14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CORPORATION(S) NAME

Regency Health Properties VI, Ltd.

Changed name to:

Mariner Health Properties VI, Ltd.

900001853269
-06/06/96--01031--006
*****52.50 *****52.50

( ) Profit
( ) NonProfit
( ) Limited Liability Company
(X) Amendment
( ) Merger
( ) Foreign
( ) Dissolution/Withdrawal
( ) Mark
( ) Limited Partnership
( ) Reinstatement
( ) Limited Liability Partnership
( ) Annual Report
( ) Reservation
( ) Other
( ) Change of R.A.
( ) Certified Copy
( ) Photo Copies
(X) CUS
( ) Fictitious Name
( ) Call When Ready
(X) Walk In
( ) Mail Out
( ) Call If Problem
( ) Will Wait
( ) After 4:30
( ) Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

5/23/96

BK 5/23/96

U. TAX
FILING 52.50
R. AGENT FEE
CERT. COPY 8.75
TOTAL 61.25
N. SALES TAX
BALANCE DUE
REFUND

CR2E031 (1-89)

REGENCY HEALTH PROPERTIES VI, LTD. FIRST AMENDMENT TO LIMITED PARTNERSHIP CERTIFICATE AND AGREEMENT

THIS FIRST AMENDMENT TO LIMITED PARTNERSHIP CERTIFICATE AND AGREEMENT (this "First Amendment") is made and entered into this 23rd day of May, 1996, by REGENCY HEALTH CARE CENTERS, INC., a Florida corporation, in accordance with the provisions of the Revised Uniform Limited Partnership Act of Florida. Pursuant to Section 620.109 of the Florida Statutes, the parties hereby adopt this First Amendment as follows:

1. Name of Limited Partnership. The name of the Limited Partnership is Regency Health Properties VI, Ltd. (the "Limited Partnership").

2. Date of Filing of Certificate of Limited Partnership. The Partnership Certificate and Agreement of Regency Health Properties VI, Ltd. ("Certificate") was filed on November 15, 1995 with the office of the Department of State of Florida.

3. Amendment to Certificate. (a) Paragraph 1 of the Certificate which now reads as follows:

"1. Name. The name of the limited partnership is as follows:

Regency Health Properties VI, Ltd."

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 23 PM 2:14

is hereby amended to read as follows:

"1. Name. The name of the limited partnership is as follows:

Mariner Health Properties VI, Ltd."

(b) Paragraph 4 of the Certificate which now reads as follows:

"4. General Partner. The name and business address of the sole general partner of the limited partnership are as follows:

Regency Health Care Centers, Inc.
45 Seton Trail
Ormond Beach, Florida 32176"

is hereby amended to read as follows:

"4. General Partner. The name and business address of the sole general partner of the limited partnership are as follows:

Mariner Health of Florida, Inc.
125 Eugene O'Neill Drive
New London, CT 06320" F96000001108

4. Miscellaneous.

(a) As a result of the merger on May 2, 1996 of Regency Health Care Centers, Inc., a Florida Corporation ("Regency"), into Mariner Health of Florida, Inc., a Florida Corporation ("Mariner"), with Mariner surviving, Regency has withdrawn as General Partner of the Limited Partnership.

(b) Mariner has been admitted as General Partner.

(c) The Limited Partnership has continued its business pursuant to the terms of Section 620.157 of the Florida Statutes.

(d) Except as hereby amended, the Certificate shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, the parties have executed this First Amendment this 23rd day of May, 1996 and hereby affirm under the penalties of perjury that the facts stated herein are true.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 MAY 23 PM 2:14

GENERAL PARTNER:

MARINER HEALTH OF FLORIDA, INC.

Attest: _____
Title: Asst. Secretary

By: _____
Its: Assistant Secretary

315bc5757/33.218497

FILE (A) ON OR BEFORE DECEMBER 31, 1995 OR ANNUAL REPORT WILL BE SUBJECT TO REVOCATION AND ADMINISTRATIVE FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996

A95000001729

FILED
95 NOV 20 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11-20

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

Regency Health Properties VI, Ltd.

1a. DOCUMENT # A95000001729

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address	Principal Office Address
45 Seton Trail Ormond Beach, FL 32176	45 Seton Trail Ormond Beach, FL 32176

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA	3a. Date of Last Report	4. State or Country of Formation
11/15/95	N/A	Florida

5a. Capital Contributions as Shown on Record	5b. Amount of Capital Contributions in FLORIDA to date	6. FEI Number			7. CERTIFICATE OF STATUS REQUIRED
$10.00	$10.00		X	Applied For	☐
				Not Applicable	

8. FEES: 1.) Filing Fee. Computed at a rate of $7 per $1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of $52.50 and a maximum of $437.50
2.) Supplemental Fee. $138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN $191.25 ($52.50 + $138.75) AND NO MORE THAN $576.25 ($437.50 + $138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
J. Steven Garthe 45 Seton Trail Ormond Beach, FL 32176	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). 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
Regency Health Care Centers, Inc.	45 Seton Trail	Ormond Beach, FL 32176	P93000016872

500001655275
-12/06/95--01116--022
****191.25 ****191.25

KWM

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 Ronald E. Hayes, Jr. DATE 11/20/95

Typed or Printed Name of General Partner Signing Form Ronald E. Hayes, as President of Regency Health Care centers, Inc. Telephone Number (904) 673-0060

CR2E003 (6/95)