

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

97 DEC 30 AM 10:13

1. Name of Limited Partnership

1a. DOCUMENT #  
A95000001729

MARINER HEALTH PROPERTIES VI, LTD.

Mailing Address

125 EUGENE O'NEILL DRIVE  
NEW LONDON CT 06320

Principal Office Address

45 BETON TRAIL 125 EUGENE O'NEILL DRIVE  
ORMOND BEACH FL 32176 NEW LONDON CT  
06320

3. Date Formed or Registered

11/15/1995

5a. Capital Contributions as  
Shown on record

\$10.00

3a. Date of Last Report

10/29/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

- 0 -

2. Mailing Address

2a. Principal Office Address

125 EUGENE O'NEILL DR

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW LONDON, CT

Zip

Country

Zip

Country

06320

6. FEI Number 59-3359078

APPLIED FOR

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐

\$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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, now 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

MARINER HEALTH OF FLORIDA, I

125 EUGENE O'NEILL DR

NEW LONDON CT 06320

F96000001108

700002400307-4  
-01/14/98--01097-012  
\*\*\*\*312.50 \*\*\*\*156.25

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 BY

Mariner Health of Florida, Inc.  
SECRETARY  
ALISON K. GILGIAN

DATE

12/23/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

860 761-201

CP2EC03 (6/97)