

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUL -9 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001729

MARINER HEALTH PROPERTIES VI, LTD.

Mailing Address

125 EUGENE O'NEILL DR.
NEW LONDON CT 06320

Principal Office Address

125 EUGENE O'NEILL DR.
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

12/30/1997

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

4. State or Country of Formation

FL

2. Mailing Address

One Ravinia Drive

2a. Principal Office Address

NA

Suite, Apt. #, etc.

Suite 1500

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Zip Country
30346 USA

6. FEI Number

59-3359078

☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

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)

MARINER HEALTH OF FLORIDA, I

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

125 EUGENE O'NEILL DR

11b. City, State & Zip Code

NEW LONDON CT 06320

11c. Registration/
Document Number

F96000001108

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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

Vice President/Secretary for Mariner Health of Florida

DATE 4/1/99

Typed or Printed Name of General Partner Signing Form

Stefano M. Miele

Daytime Telephone Number

678.443.7000