FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

PWH VI INVESTORS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9700000924**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 26 PH 2: 20



Mailing Address	Principal Office Address 1200 CORPORATE CENTER WAY, SUITE 100		3. Date Formed or Registered 04/25/1997	58. Capital Contributions as Shown on record.
1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414			3a. Date of Last Report	\$1,000.00
WELLINGTON TE SON			4. State or Country of Formation	5b. Amount of Capital Contributions in FLOREDA to date:
2. Mailing Address	2a. Principal Office Address		FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	[]]
3801_PGA Boulevard, Suite 1000	3801 PGA Boulevard, Suite 1000		65-07534	Applied For Not Applicable
Palm Beach Gardens, FL 33410	Palm Beach Gardens, FL 33410		7. Certificate of Stalus Desired	\$8.75 Additional
Country 7(p Cou		Country		Fee Required
			8. Make check payable to: Dept. of	State (See reverse side for fee information)
9. Name and Address of Current	Parlistered Agent	<u> </u>	10. II changed, new Registere	d Agent/Office
9. Name and Address of Current Registered Agent DASCO DEVELOPMENT CORPORATION 1200 CORPORATE CENTER WAY, SUITE 100 WELLINGTON FL 33414		Namo		
		Street Address (P.O. Box Number Is Not Acceptable) 3801 PGA Boulevard, Suite 1000 Suite, Palmi Beach Gardens, FL 33410		
		City		FL Zip Code
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flo	ed limited partnership rida Such change w	as authorized by its general partner(s). Ther 700002 -01/08	ne State of Florida, submits this statement eby accept the appointment of registered 3 3 4 4 1 7 - 3 7 9 8 - 01036 - 010 65,00 ****165.00
A GENERAL PARTNER THAT I	S A CORPORATION, I BE REGISTERED AN	LIMITED PA	ARTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner ox Numbers) 11	b. City, State & Zip Code	11c. Registration/
PWH VI MEDICAL EQUITY INVEST 1200 CORPORATE CENTER			WELLINGTON FL 33414	A9700000923
	3801 PGA Boulevard, Suite 1000 Palm Beach Gardens, FL 33410		00 0	

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. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal offects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report is required by chapter 620. Florida Statutes.

SIGNATURE

eneral Partner Signing Form

Patrick J. DiSalvo Vice President DATE 12-19-97

Daytime Telephone Number 561-691-9900