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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

PINNACLE HEALTH PROPERTIES VI, INC.

FILED Feb 11 1998 8:00am Secretary of State



Principal Place		Mailing Address						
17100 DDEST	W. POAD - SUITE 200 LEURS - OKO	WHOSE METRIC DR. C	Kay					
DALLAS TX 7	248 OWAY (PU	STE. 175	•					
DALLAS TX 75243						DO NOT WRITE IN THIS SPACE		
U\$						3. Date Incorporated or Qualified		
-						01/20/1989		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		Applied For
21		26				75-2256544		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State)	City & State				6. Election Campaign Financing	\$5.0	O May Be
23		28				Trust Fund Contribution		d to Fees
Zip	Country Zip Co		Cour	ntry		8. This corporation owes or has paid the cur	rent vear	Intanoible
24	25	29	30					No
	9. Name and Address of Currer					10. Name and Address of New Registered		
NR	N SERVICES, INC.			B1	Name			
	EAST PARK AVENUE		ļ					
TALLAHASSEE FL 32301				82 Street Address (P.O. Box Number is Not Acceptable)				
IAL	DAINGGEE I E GEGOT		}	83				
				٦-				
			1	84	City	- 1	85 Zij	p Code
						<u> </u>		
11. Pursuant t	o the provisions of Sections 607.050	02 and 607.1508, Florida Sta Not Florida, Such change wa	itutes, the ab	OVO-	named corp	poration submits this statement for the purpose o tion's board of directors. I hereby accept the app	changing	its registered
agent. I ar	n familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Statu	utes.	ine corporat	tions board or directors. Thereby accept the app	On thribent E	as registered
SIGNATURE								
	Signature, typed or printed name of registered ag	nni and title if applicable (f	NOTE Registered	Agent	t signature requir	irod when reinstating) DATE	,	
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	
TITLE	P	□ DELETE	1.1 TIT	l.€			L Change	e [_] Addition
NAME				1.2 NAME				
STREET ADDRESS 17103 PRESTON ROAD, SUITE 200 LB106			1.3 STF	1.3 STREET ADDRESS				
CITY-ST-ZIP DALLAS TX 75248			1.4 CIT	1.4 CITY - ST - ZIP				
TITLE	V	DELETE	2.1 TIT			l _i ·	Change	Addition
NAME	TENNYSON, MICHAEL D			2.2 NAME		''		İ
STREET ADDRESS	10610 METRIC DR STE 175				DDRESS			İ
· .	DALLAS TX		2.4 Cf					1
CITY-ST-ZIP TITLE		DELETE	3 1 TIT		-211		Change	Addition
		- Ditti					C Sums	,
NAME			3.2 NAI		ĺ			
STREET ADDRESS					DDRESS			i
CITY-ST-ZIP		T	3 4. CI		- ZIP		П.	
TITLE		☐ DELETE	4.1 Tiři	LĒ			☐ Change	e L Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 S1F	REET AI	DORESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP			l
TITLE		DELETE	5.1 TITI				☐ Change	Addition
NAME			5.2 NA	ME				ļ
STREET ADDRESS			E .		DDRESS			
CITY-ST-ZIP		DELETE	5.4 CIT		ZII'		☐ Change	Addition
TITLE		[_] precit	6.1 111		j		- cranfe	, L Addition
NAME			6.2 NAI					
STREET ADDRESS			6.3 STR	REFT A	DORESS			
CITY-ST-ZIP			6.4 CIT					
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The body coming that the information supplied with this thing does not quality for the exemption stated in Section 1.19.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplied mynual 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 of the functive 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 if changed, or only in attachment with an address.