

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000002752

**Entity Name:** NATIONAL HEALTH CORPORATION OF TENNESSEE**Current Principal Place of Business:**100 E VINE STREET SUITE 1400  
MURFREESBORO, TN 37130**Current Mailing Address:**PO BOX 1398  
MURFREESBORO, TN 37133-1398**FEI Number:** 62-1294263**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR, TREASURER, PRESIDENT
Name	SMITH, JEFFREY R
Address	100 E VINE STREET SUITE 1100
City-State-Zip:	MURFREESBORO TN 37130

Title	D
Name	USSERY, R. MICHAEL
Address	100 E VINE STREET SUITE 1400
City-State-Zip:	MURFREESBORO TN 37130

Title	S
Name	HENDERSON, KATHY T
Address	100 E VINE STREET SUITE 1400
City-State-Zip:	MURFREESBORO TN 37130

Title	VP, CONTROLLER, DIRECTOR
Name	KIDD, BRIAN F
Address	100 E VINE STREET SUITE 1400
City-State-Zip:	MURFREESBORO TN 37130

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHY T. HENDERSON**SECRETARY****04/18/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date