

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR -5 AM 11:49



*13K 3/5/97 (CUS)*

1. Name of Limited Partnership <b>NATIONAL HEALTHCARE L.P., LTD.</b>		1a. DOCUMENT # <b>A24043</b>	
Mailing Address <b>100 VINE STREET MURFREESBORO TN 37133</b>		Principal Office Address <b>100 VINE STREET MURFREESBORO TN 37133</b>	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered <b>12/31/1986</b>		5a. Capital Contributions as Shown on record <b>\$80,000,000.00</b>	
3a. Date of Last Report <b>10/09/1995</b>		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation <b>DE</b>		6. FEI Number <b>62-1293855</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301</b>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code <b>FL</b>

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
NHC, INC., A TENN. CORP.	100 VINE STREET	MURFREESBORO TN	P12561
ADAMS, W. ANDREW	100 VINE STREET	MURFREESBORO TN	
NATIONAL HEALTHCARE CORPORAT	100 VINE STREET	MURFREESBORO TN	P12509

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**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 W. Andrew Adams DATE 3/4/97  
 Typed or Printed Name of General Partner Signing Form: W. Andrew Adams Daytime Telephone Number (615) 890-2020

CR2E003 (6/96)