

**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 Morham
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	1a. DOCUMENT # A24043
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NATIONAL HEALTHCARE L.P., LTD.

Mailing Address 100 VINE STREET MURFREESBORO TN 37133	Principal Office Address 100 VINE STREET MURFREESBORO TN 37133
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3. Date Formed or Registered 12/31/1986	5a. Capital Contributions as Shown on record \$80,000,000.00
3a. Date of Last Report 10/09/1995	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation DE	

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number 62-1293855	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$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 UNITED STATES CORPORATION COMPANY 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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

800002106468--0
-03/06/97--01094--006
*****8.75 *****8.75
800002106468--0
-03/06/97--01094--007
*****541.25 *****541.25

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)