

2002 UNIFORM BUSINESS REPORT (UBR)

0019442 AB

DOCUMENT # B97000000711

1. Entity Name
NHR/OP, L.P.

FILED

02 APR 24 PM 2:50

LF

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
100 VINE STREET, SUITE 1400
MURFREESBORO TN 37133

Mailing Address
100 VINE STREET, SUITE 1400
MURFREESBORO TN 37130

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

DUE BY MAY 1, 2002

4. FEI Number 52-2069102
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,000.00
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	F97000006865	STREET ADDRESS	STREET ADDRESS	
NAME	NATIONAL HEALTH REALTY, INC.	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	100 VINE STREET, SUITE 1400			
CITY-ST-ZIP	MURFREESBORO TN 37130			
DOCUMENT #		STREET ADDRESS	STREET ADDRESS	
NAME		CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
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NAME		CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				

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CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: W. Signature Required Andrew Adams 2/18/02 615-890-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #