2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000004811

1. Entity Name
NHR/DELAWARE, INC.

Principal Place of Business	Mailing Address
100 VINE STREET MURFREESBORO, TN 37130	P.O. BOC 1398 MURFREESBORO, TN 37133-1398

DO NOT WRITE IN THIS SPACE

01292004   No Chg-P   CR2E034 (10/03)

4. FEI Number 52-2069100		Applied For Not Applicable
5. Certificate of Status Desired	☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000127200 04/23/04-80064-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	CPT
NAME	ADAMS, W. ANDREWS
STREET ADDRESS	100 VINE STREET
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	VV
NAME	ADAMS, ROBERT G
STREET ADDRESS	100 VINE STREET
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	DS
NAME	LAROCHE, RICHARD F JR.
STREET ADDRESS	100 VINE STREET
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _W. Andrew Adam_   W. Andrew Adams   4/14/04   615-890-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #