


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90395 004 \*\*\*150.00

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<b>DOCUMENT # F97000006766</b>					
1. Entity Name NATIONAL HEALTHCARE CORPORATION (DELAWARE)					
Principal Place of Business 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130			Mailing Address 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 52-2057472				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, WA		NAME	Emil Hassan	
STREET ADDRESS	100 VINE STREET, SUITE 1400		STREET ADDRESS	100 Vine Street	
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP	Murfreesboro TN 37130	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAROCHE, RICHARD F JR		NAME	Lawrence Tucker	
STREET ADDRESS	100 VINE STREET, SUITE 1400		STREET ADDRESS	100 Vine Street	
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP	Murfreesboro, TN 37130	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL, DONALD K		NAME		
STREET ADDRESS	100 VINE STREET, SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGESS, ERNEST G		NAME		
STREET ADDRESS	100 VINE STREET, SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP		
TITLE	PCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, ROBERT G		NAME		
STREET ADDRESS	100 VINE STREET, SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERNATHY, J. PAUL		NAME		
STREET ADDRESS	100 VINE STREET, SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO, TN 37130		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Kathy T. Henderson, Asst. Sec.</u> 4/18/06 615-890-2020					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					