2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000006766

1. Entity Name
NATIONAL HEALTHCARE CORPORATION (DELAWARE)

Principal Place of Business	Mailing Address
100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130	100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130

04212008 No Chg-P CR2E034 (11/05)

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4. FEI Number
52-2057472

☐ 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.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, W A
STREET ADDRESS	100 VINE STREET, SUITE 1400
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	D
NAME	LAROCHE, RICHARD F JR
STREET ADDRESS	100 VINE STREET, SUITE 1400
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	VP
NAME	DANIEL, DONALD K
STREET ADDRESS	100 VINE STREET, SUITE 1400
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	D
NAME	BURGESS, ERNEST G
STREET ADDRESS	100 VINE STREET, SUITE 1400
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	PCEO
NAME	ADAMS, ROBERT G
STREET ADDRESS	100 VINE STREET, SUITE 1400
CITY-ST-ZIP	MURFREESBORO, TN 37130
TITLE	D
NAME	ABERNATHY, J. PAUL
STREET ADDRESS	100 VINE STREET, SUITE 1400
CITY-ST-ZIP	MURFREESBORO, TN 37130

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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: Donald K. Daniel Donald K. Daniel 4-21-08 615-890-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #