

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006766

FILED
Feb 23, 2011
Secretary of State

Entity Name: NATIONAL HEALTHCARE CORPORATION (DELAWARE)

Current Principal Place of Business:

100 E. VINE STREET, SUITE 1400
MURFREESBORO, TN 37130

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1398
MURFREESBORO, TN 37133

New Mailing Address:

FEI Number: 52-2057472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: FLATT, STEPHEN F
Address: 100 E. VINE STREET, SUITE 1400
City-St-Zip: MURFREESBORO, TN 37130

Title: D
Name: LAROCHE, RICHARD F JR
Address: 100 E. VINE STREET, SUITE 1400
City-St-Zip: MURFREESBORO, TN 37130

Title: VP
Name: DANIEL, DONALD K
Address: 100 E. VINE STREET, SUITE 1400
City-St-Zip: MURFREESBORO, TN 37130

Title: D
Name: BURGESS, ERNEST G
Address: 100 E. VINE STREET, SUITE 1400
City-St-Zip: MURFREESBORO, TN 37130

Title: CEO
Name: ADAMS, ROBERT G
Address: 100 E. VINE STREET, SUITE 1400
City-St-Zip: MURFREESBORO, TN 37130

Title: D
Name: ABERNATHY, J. PAUL
Address: 100 E. VINE STREET, SUITE 1400
City-St-Zip: MURFREESBORO, TN 37130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY T. HENDERSON

AS

02/23/2011

Electronic Signature of Signing Officer or Director

Date