


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000006896		
1. Entity Name NHC/DELAWARE, INC. (TENNESSEE)		
Principal Place of Business 100 E. VINE STREET, SUITE 1400 MURFREESBORO, TN 37133-1398	Mailing Address 100 E. VINE STREET, SUITE 1400 MURFREESBORO, TN 37133-1398	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		U00000528895 05/05/06-80048-006 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENSON, ANN S 100 VINE STREET MURFREESBORO, TN 37130	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT ADAMS, ROBERT G 100 E. VINE STREET, SUITE 1400 MURFREESBORO, TN 371331398	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP USSERY, R. MICHAEL 100 VINE STREET MURFREESBORO, TN 37130	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		