## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# H17844

FILED Apr 24, 2004 Secretary of State

Entity Name: NATIONAL HEALTHCARE OF HOLMES COUNTY, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
155 FRANKLIN ROAD STE 400 BRENTWOOD, TN 37027 US			155 FRAN	155 FRANKLIN ROAD		
			STE 400		LIC	
			BREINTW	OOD, TN 37027	US	
Current M	/lailing Addres	s:	New Mail	ing Address:		
155 FRAN	IKLIN RD		155 FRAN	IKLIN RD		
S 400 BRENTWOOD, TN 37027 US			STE 400 BRENTWOOD, TN 37027 US			
FEI Number	r: 59-2450257	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	ertificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	d Address of Nev	v Registered Agent:	
526 E. PA	RVICES, INC. RK AVENUE SSEE, FL 3230	01 US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered offic	e or registered agent, or both	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ac	gent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title						
nue.	AS ()	Delete	Title:	( ) Cł	nange()Addition	
Name:	CONNELLY, SH	IERRY A	Name:	( ) Ch	nange()Addition	
Name: Address:	CONNELLY, SH 155 FRANKLIN	IERRY A RD STE 400	Name: Address:	( ) CH	nange()Addition	
Name: Address: City-St-Zip:	CONNELLY, SH 155 FRANKLIN BRENTWOOD,	IERRY A RD STE 400	Name: Address: City-St-Zip:	( ) CI	nange()Addition	
Name: Address: City-St-Zip: Title:	CONNELLY, SH 155 FRANKLIN BRENTWOOD,	IERRY A RD STE 400 TN 37027 Delete	Name: Address: City-St-Zip: Title:	EVPD (X) C	nange()Addition	
Name: Address: City-St-Zip: Title: Name:	CONNELLY, SH 155 FRANKLIN BRENTWOOD, EVPD () CASH, W. LARF	IERRY A RD STE 400 TN 37027 Delete RY	Name: Address: City-St-Zip: Title: Name:	EVPD (X) CI CASH, W. LARRY	nange()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	CONNELLY, SH 155 FRANKLIN BRENTWOOD,	IERRY A RD STE 400 TN 37027 Delete RY RD #400	Name: Address: City-St-Zip: Title:	EVPD (X) C	nange()Addition O STE 400	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CONNELLY, SH 155 FRANKLIN BRENTWOOD, EVPD () CASH, W. LARF 155 FRANKLIN BRENTWOOD,	IERRY A RD STE 400 TN 37027  Delete RY RD #400 TN 37027	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	EVPD (X) CI CASH, W. LARRY 155 FRANKLIN RE BRENTWOOD, TN	nange()Addition O STE 400 I 37027	
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Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	CONNELLY, SH 155 FRANKLIN BRENTWOOD,  EVPD () CASH, W. LARF 155 FRANKLIN BRENTWOOD,  VPSD () SEIFERT, RACH 155 FRANKLIN	RERRY A RD STE 400 TN 37027  Delete RY RD #400 TN 37027  Delete HAEL ROAD STE 400	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	EVPD (X) CI CASH, W. LARRY 155 FRANKLIN RE BRENTWOOD, TN VPSD (X) CI SEIFERT, RACHA 155 FRANKLIN RE	nange ( ) Addition  ) STE 400  1 37027  nange ( ) Addition EL  ) STE 400	
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I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ROBIN J KECK AS 04/24/2004

ROBIN J KECK - AS 155 FRANKLIN RD STE 400 BRENTWOOD, TN 37027