

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 27, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90603 001 \*\*\*300.00

DOCUMENT # L02000033122

1. Entity Name

NHC PLACE/STUART, LLC



**DO NOT WRITE IN THIS SPACE**

44002418

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 100 Vine Street Suite, Apt. #, etc. Suite 1400		3. Mailing Address P. O. Box 1398 Suite, Apt. #, etc.	
City & State Murfreesboro, TN		City & State Murfreesboro, TN	
Zip 37130	Country	Zip 37133	Country
4. FEI Number 65-0991662		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name —NRAI Services, Inc.—	
Street Address (P.O. Box Number is Not Acceptable) —	
526 E. Park Avenue	
City Tallahassee	FL Zip Code 32301

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member MGRM NHC/OP, L.P. 100 Vine Street Murfreesboro, TN 37133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

W. Andrew Adams, Pres.

NHC/OP, L.P.

4/3/03

615-890-2020

SIGNATURE: W. Andrew Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)