


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000033123</b> 1. Entity Name NHC HEALTHCARE/ORLANDO, LLC	
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Principal Place of Business 100 VINE STREET, SUITE 1400 MURFREESBORO, TN 37130	Mailing Address PO BOX 1398 MURFREESBORO, TN 37133
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**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3632669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301
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**DO NOT WRITE  
IN THIS SPACE**

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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2004**

000000126874  
04/23/04-80050-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NHC/OP, L.P. 100 VINE STREET MURFREESBORO, TN 37130
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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 608, Florida Statutes.

<b>SIGNATURE:</b> <u>W. Andrew Adams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>President, NHC/OP, LP</u> <small>DATE</small>	<u>4/16/04</u> <small>DATE</small>	<u>615-890-2000</u> <small>Daytime Phone #</small>
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