

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033123

1. Entity Name
NHC HEALTHCARE/ORLANDO, LLC



Principal Place of Business
100 VINE STREET, SUITE 1400
MURFREESBORO, TN 37130

Mailing Address
PO BOX 1398
MURFREESBORO, TN 37133

DO NOT WRITE IN THIS SPACE



04192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3632669

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NHC/OP, L.P.
100 VINE STREET
MURFREESBORO, TN 37130

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

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04/25/05-80113-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Kathy L Henderson*

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

4/20/05

Date

615-890-2020

Daytime Phone #