

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 24, 2006 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



04182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3632669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2006**

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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05/06/06-80048-017 SOLID

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IN THIS SPACE**

11. 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 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 T. Henderson, Asst. Sec.*

4/18/06

615-8902020

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

Date

Daytime Phone #