

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000033123

1. Entity Name
NHC HEALTHCARE/ORLANDO, LLC



FILED
Apr 28, 2008 08:00 AM
Secretary of State

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

Mailing Address
PO BOX 1398
MURFREESBORO, TN 37133



04212008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
59-3632669

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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CITY-ST-ZIP

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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:

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

NHC/OP, L.P.

by: P. Michael Ussery 4-21-08

Date

615-890-2020

Daytime Phone #