

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

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

5/2

05-02-2003 90603 001 ***300.00

DOCUMENT # L02000033123

1. Entity Name

NHC HEALTHCARE/ORLANDO, LLC



44002412

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
100 Vine Street

3. Mailing Address
P. O. Box 1398

Suite, Apt. #, etc.
Suite 1400

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Murfreesboro, TN

City & State
Murfreesboro, TN

4. FEI Number
5923632669

Applied For
Not Applicable

Zip
37130

Country

Zip
37133

Country

5. Certificate of Status Desired: ☐ \$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 MG RM
NHC/OP, L.P.
100 Vine Street
Murfreesbroo, 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.

SIGNATURE:

W. Andrew Adams

W. Andrew Adams, Pres.

NHC/OP, L.P.

4/3/03

615-890-2020

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

Date

Daytime Phone #

CR2E083B (12/02)