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

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

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DOCUMENT # L02000033133  1. Entity Name					05-02-2003 90603 001 ***300.00	
NHC HEA	ALTHCARE/DAYT	ONA BEACH, LLC	1			
					:	
	DO NOT MI	RITE IN THIS SI	PAG	E,	******	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		44002487	
100 Vine Street			P. O. Box 1398			· .
Suite, Apt. #, etc. Suite 1400		Suite, Apt. #, etc.	, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State	*		4. FEI Number	Applied For Not Applicable
Zip	Country	Murfreesbord Zip	Coun	try	59-3632671  5. Certificate of Status Desired   \$5.	.00 Additional
37	130	Zip 37133	\$ 500 Q-1544	<del>,</del>		Required
The State of the S				Name NRAI Services, Inc.		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
IN THIS SPACE				526 E. Park Avenue		
				City Ta.	llahassee FL	Zip C32301
	named entity submits this str lons of registered agent.	atement for the purpose of changing its	registere	ed office or registere	ed agent, or both, in the State of Florida. I am famili	ar with, and accept
SIGNATURE -	Signature, typed or printed name of reg	istered agent and little it applicable.			DATE	
		Make Check Payab	AND SECTION AND ADDRESS OF THE		nt of State	
9	MANAGIN	G MEMBERS/MANAGERS	Sign.	operator i su a s		60000000000000000000000000000000000000
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CITY-ST-ZIP			City	ST-ZP		

11. I hereby certify that the information supplied with this filing does not quality 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, Pre W. Andrew Adams, President

4/3/03

Dese

615-890-2020

Daytime Phone #