

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006077

1. Entity Name

MERRITT ISLAND HEALTHCARE ADVISORS, LLC

Principal Place of Business

4875 CASON COVE DRIVE  
ORLANDO FL 32811

Mailing Address

4875 CASON COVE DRIVE  
ORLANDO FL 32811-6302



2. Principal Place of Business

3. Mailing Address

P.O. Box 1398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Murfreesboro TN

Zip

Country

Zip

Country

37133

MM

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAINS, JOHN H III

201 NORTH FRANKLIN STREET, SUITE 2200  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
500003225345--7  
STREET ADDRESS -04/26/00--01091--011  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Delete  
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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-Pros*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER NHC OP LP

4/6/00  
Date

615-890-2020  
Daytime Phone #

CR2E083 (9/99)