

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

000681 AF

DOCUMENT # L99000006382

1. Entity Name
NHC HEALTHCARE/DAYTONA BEACH, LLC

00 APR 13 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
550 NATIONAL HEALTHCARE DRIVE
DAYTONA BEACH FL 32114

Mailing Address
550 NATIONAL HEALTHCARE DRIVE
DAYTONA BEACH FL 32114-1494



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P. O. Box 1398
Suite, Apt. #, etc.

MM

DO NOT WRITE IN THIS SPACE

City & State
Murfreesboro, TN 37133

4. FEI Number
59-3632671

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
RAINS, JOHN H III
201 NORTH FRANKLIN STREET, SUITE 2200
TAMPA FL 33602

7. Name and Address of New Registered Agent
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 _____ (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 STREET ADDRESS CITY - ST - ZIP	MGRM NHC/OP, L.P. 100 VINE STREET MURFREESBORO TN 37130	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	600003225356--3 -04/26/00--01091--017 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Andrew Adams, President NHC/OP LP 4/4/00 615-890-2020

Date Daytime Phone #