NHC/OP, L.P.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

100 Vine Street Murfreesboro, TN 37130 615-890-2020

02 MAR 29

19900000000382

March 28, 2002

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Dissolutions

70000517937--5 -04/01/02--01047--003 *****375.00

Gentlemen:

Enclosed you will find a check in the amount of \$375.00 along with Articles of Dissolution for A Florida Limited Liability Company on various limited liability companies. Please dissolve each of these companies effective April 1, 2002.

If you have any questions, please contact me at 615-890-2020.

Sincerely,

Kathy 7/. Wedding

Administrative Assistant

Enclosures

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ARTICLES OF DISSOLUTION SECRETARY UP TALLAHASSEE, FLORIDA FOR A FLORIDA LIMITED LIABILITY COMPANY NAR 29

1. The name of the limited liability company is NHC HealthCare/Daytona Beach, LLC
2. The effective date of the limited liability company's dissolution isApril 1, 2002
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to 0section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).
The above-named limited liability company has never conducted any business in
the state of Florida. Therefore, upon the written consent of its sole member,
NHC/OP, L.P., the above-named limited liability company is being dissolved.
 4. CHECK ONE: All debts, obligations and liabilities of the limited liability company have been paid or discharged. OR-
Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
 6. CHECK ONE: There are no suits pending against the company in any court. OR- Adequate provision has been made for the satisfaction of any judgment, order or decree, which may be entered against it in any pending suit.
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:
Signature Typed or Printed name
W. Andrew Adams, President, NHC/OP, L.P.

Filing Fee: \$25.00