

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

00 APR 13 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MAN

DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000006385

1. Entity Name
NHC PALCE/MERRITT ISLAND, LLC

Principal Place of Business
535 CROCKETT BOULEVARD
MERRITT ISLAND FL 32953

Mailing Address
535 CROCKETT BOULEVARD
MERRITT ISLAND FL 32953-5018

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

4. FEI Number

59-3632674

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 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP	300003225363--2 -04/26/00--01091--020 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Andrew Adams, Pres., NHC/OP LP 4/4/00 615-890-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)