

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006386

1. Entity Name

NHC PLACE/STUART, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 10 AM 10:02 *ny*

Principal Place of Business

860 SE CENTRAL PARKWAY
STUART FL 34994

Mailing Address

860 SE CENTRAL PARKWAY
STUART FL 34994

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

37130

Country

4. FEI Number

65-0991662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700003359337--0
-08/16/00--01048--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

Wendy A. Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

8-2-00

Date

615-890-2020

Daytime Phone #