

2000 UNIFORM BUSINESS REPORT (UBR)

0001126 AF

DOCUMENT # L99000006388

1. Entity Name
NHC HEALTHCARE/ORLANDO, LLC

APPROVED
AND
FILED

00 APR 13 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. FEI Number
59-3632669

Applied For
Not Applicable

Zip

Country

Zip

Country

37133

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

TITLE NAME
STREET ADDRESS
CITY- ST- ZIP
200003225362--S
-04/26/00--01091--019
*****50.00 *****50.00

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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: *Andrew Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Andrew Adams, Pres., NHC/OP LP

Date 4/4/00

Daytime Phone # 615-890-2020

CR2E083 (9/99)