

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006388

1. Entity Name

NHC HEALTHCARE/ORLANDO, LLC

FILED

01 JUL 19 AM 8:47

Principal Place of Business

Mailing Address

4875 CASON COVE DRIVE  
ORLANDO FL 32811

P.O. BOX 1398  
MURFREESBORO TN 37133

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3632669

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301

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**  
**Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition  
800004493288-9  
-07/24/01--01048--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

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TITLE NAME ☐ Change ☐ Addition  
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: W. Andrew Adams, President 7/3/01 615-890-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE