PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
00 NOV 29 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006389

1. Limited Liability Company's Name

NHC HEALTHCARE/NAPLES, LLC

REINSTATEMENT 2000

2. Principal Office Address	3. Mailing Office Address
10949 Parnu Street	100 Vine Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples, FL	City & State: Murfreesboro, TN
Zip: 34109 Country:	Zip: 37130 Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 10/4/99

6. FEI Number: 65-0917545 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for a Certificate of Status)

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue

400003489684--1
-12/06/00--01084--019
****150.00 ****150.00

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

CR3E041 (9/99)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Ed Hand Asst. Secretary Date: 11/29/00

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NHC/OP, L.P.	100 Vine Street	Murfreesboro, TN 37130
			400003489684--1 -12/06/00--01084--018 ******5.00 ******5.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: W. Andrew Adams Date: 11/20/00 Daytime Phone #: 615-890-2020

Typed or printed name of signing Managing Member/Manager: W. Andrew Adams, President, NHC/OP, L.P.