

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006390**

1. Entity Name

**NHC HEALTHCARE/IMPERIAL, LLC**

Principal Place of Business

Mailing Address

**900 IMPERIAL GOLF COURSE BOULEVARD  
NAPLES FL 34110**

**P.O. BOX 1398  
MURFREESBORO TN 37133**

**FILED**

**01 JUL 19 AM 8:47**

**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

Zip

Country

Zip

Country

4. FEI Number

**65-0917546** **APPLIED FOR**

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

**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**

**100004493321--5  
-07/24/01--01048--019  
\*\*\*\*\*50.00 \*\*\*\*\*50.00**

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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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: W. Andrew Adams** **W. Andrew Adams, President** **7/3/01** **615-890-2020**

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

Daytime Phone #

CR2E083 (5/01)

STAPLE CHECK HERE