


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

00 DEC -6 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L99000006391

1. Limited Liability Company's Name

NHC HealthCare/Coconut Creek, LLC

**REINSTATEMENT** *2000*

<b>2. Principal Office Address</b> 4125 West Sample Road Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> P. O. Box 1398 Suite, Apt. #, etc.		<b>4. State/Country of Formation</b> Florida	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 10/4/99		<b>6. FEI Number</b> 65-0990073		Applied For Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee required for a Certificate of Status</b>			

<b>8. Name and Address of Current Registered Agent</b>	
Name NRAI SERVICES INC.	400003500274-6 -12/13/00-01099-004 ****150.00 ****150.00
Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE	
Suite, Apt. #, Etc.	
City TALLAHASSEE	State FL
Zip Code 32301-2551	

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 12/6/00  
 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
Sole Member	NHC/OP, L.P.	100 Vine Street	Murfreesboro, TN 37130

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 Richard F. LaRoche, Jr. Date 10/24/00 Daytime Phone # 615-890-2020

Typed or printed name of signing Managing Member/Manager Richard F. LaRoche, Jr., Vice President  
NHC/Delaware, Inc., General Partner

CR2E041 (9/00)