

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017986  
SP

DOCUMENT # L99000007724

1. Entity Name

PANAMA CITY HEALTHCARE ADVISORS, LLC

00 APR 26 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

NHC FLORIDA REGIONAL OFFICE  
1320 W.E. 25TH LOOP SUITE 103  
OCALA FL 34471

Mailing Address

NHC FLORIDA REGIONAL OFFICE  
1320 W.E. 25TH LOOP SUITE 103  
OCALA FL 34471



2. Principal Place of Business

3. Mailing Address

P.O. Box 1398

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Murfreesboro, TN

Zip

Country

Zip

Country

37133

m7m

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

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  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☒ Addition  
MGRM  
NHC/OP LP  
100 Vine Street  
Murfreesboro, TN 37130

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition  
000003246010--7  
-05/03/00--01098--023  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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TITLE  
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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* Andrew Adams, President  
NHC OP LP

4/11/00

615-890-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)