

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0010862
AF

DOCUMENT # L99000007725

1. Entity Name

SARASOTA HEALTHCARE ADVISORS, LLC

00 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

NHC SOUTH FLORIDA REGIONAL OFFICE
701 NORTH WILDER ROAD
PLANT CITY FL 33566

Mailing Address

NHC SOUTH FLORIDA REGIONAL OFFICE
701 NORTH WILDER ROAD
PLANT CITY FL 33566-7547

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

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
600003256596-6
-05/18/00--01010--023
*****50.00 *****50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

Andrew Adams, Pres

4/11/00

615-890-2020

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

NHC/OP LP

Date

Daytime Phone #

CR2E083 (9/99)