

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007725

1. Entity Name

SARASOTA HEALTHCARE ADVISORS, LLC

Principal Place of Business

Mailing Address

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

P.O. BOX 1398  
MURFERSBORO TN 37133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
528 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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
NHC/OP LP  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
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 7/3/01 615-890-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

FILED

01 JUL 19 AM 8 47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **APPLIED FOR**  
59-2641358

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

CR2E083 (5/01)

11

STAPLE CHECK HERE