

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007753

1. Entity Name

OCOEE HEALTHCARE ADVISORS, LLC

Principal Place of Business

NHC REGIONAL OFFICE  
4875 CASON COVE DRIVE  
ORLANDO FL 32811

Mailing Address

P.O. BOX 1398  
MURFREESBORO TN 37133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

RAINS, JOHN

~~201 NORTH FRANKLIN STREET, SUITE 2200~~ 501 E. Kennedy  
TAMPA FL 33602 Suite 750

FILED  
01 JUL 19 AM 8:47  
01 SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLA

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR  
59-3641353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

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

TITLE MGRM ☐ Delete  
NAME NHC/OP, L.P.  
STREET ADDRESS 100 VINE STREET  
CITY-ST-ZIP MURFREESBORO TN 37130

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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NAME  
STREET ADDRESS  
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: 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