

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 04, 2004 8:00 am
Secretary of State

06-04-2004 90271 016 ****50.00

DOCUMENT # M02000001391

1. Entity Name

NHC MANAGEMENT COMPANY, LLC



Principal Place of Business

6991 E. CAMELBACK ROAD, SUITE B360
SCOTTSDALE AZ 85251

Mailing Address

6991 E. CAMELBACK ROAD, SUITE B360
SCOTTSDALE AZ 85251

2. Principal Place of Business

6991 E. CAMELBACK RD

3. Mailing Address

6991 E. CAMELBACK RD

Suite, Apt. #, etc.

B310

Suite, Apt. #, etc.

B310

City & State

SCOTTSDALE, AZ

City & State

SCOTTSDALE, AZ

Zip

85251

Country

USA

Zip

85251

Country

USA

4. FEI Number

04-3637775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME NAPP, DAVID A
STREET ADDRESS 6991 E. CAMELBACK ROAD, SUITE B360
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE MGRM ☐ Delete
NAME EDWARDS, COLLEEN S
STREET ADDRESS 6991 E. CAMELBACK ROAD, SUITE B360
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David A. Napp, Manager

5-25-04

Date

4804035700

Daytime Phone #