

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90021 040 ****50.00

DOCUMENT # M05000005498

1. Entity Name
NHS MANAGEMENT, L.L.C.



Principal Place of Business
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

Mailing Address
931 FAIRFAX PARK
TUSCALOOSA, AL 35406

20038361



03132006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
02-0646132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BSTES, J. NORMAN
STREET ADDRESS 931 FAIRFAX PARK
CITY-ST-ZIP TUSCALOOSA, AL 35406

TITLE MGR
NAME LEE, CLAUDE E
STREET ADDRESS 931 FAIRFAX PARK
CITY-ST-ZIP TUSCALOOSA, AL 35406

TITLE MGR
NAME ELMORE, DEBORAH A
STREET ADDRESS 931 FAIRFAX PARK
CITY-ST-ZIP TUSCALOOSA, AL 35406

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joan W. Dockery, Asst. Controller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/26/06
Date

205-343-7322
Daytime Phone #