

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 JUL -1 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12509

1. Corporation Name

NATIONAL HEALTH CORPORATION

Principal Place of Business

100 Vine Street
P. O. Box 1398
Murfreesboro, TN 37133

Mailing Address

100 Vine Street
P. O. Box 1398
Murfreesboro, TN 37133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/86

4. FEI Number

62-1294263

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

United States Corporation Company
1201 Hays Street
Suite 105
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and line if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME Adams, W. Andrew
STREET ADDRESS 100 Vine Street, Suite 1400
CITY-ST-ZIP Murfreesboro, TN

TITLE D ☐ DELETE

NAME Burgess, Ernest G., III
STREET ADDRESS 100 Vine Street, Suite 1400
CITY-ST-ZIP Murfreesboro, TN

TITLE S ☐ DELETE

NAME LaRoche, Richard F.
STREET ADDRESS 100 Vine Street, Suite 1400
CITY-ST-ZIP Murfreesboro, TN

TITLE VD ☐ DELETE

NAME Adams, Robert G.
STREET ADDRESS 100 Vine Street, Suite 1400
CITY-ST-ZIP Murfreesboro, TN

TITLE D ☐ DELETE

NAME Williams, Olin O.
STREET ADDRESS 100 Vine Street, Suite 1400
CITY-ST-ZIP Murfreesboro, TN

TITLE D ☐ DELETE

NAME Garrison, S.C.
STREET ADDRESS 100 Vine Street, Suite 1400
CITY-ST-ZIP Murfreesboro, TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900002578139--5

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*****550.00 *****550.00

900002578139--5

-07/01/98--01097--005

*****8.75 *****8.75

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

W. Andrew Adams

W. Andrew Adams, President, 6/30/98 (615)890-2020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E034 (10/97)