P12509

CHARLES COYLE & COMPANY, INC.

826 Shadybrook Drive

Suite B

Marietta, GA 30066-6215

Phone: (800) 211-8645 Fax: (800) 211-8647

Date:

11-22-89

Addressee:

FL- Division of Corporations

900003055329--2 -11/29/99--01108--009 *****35,00 *****35,00

Re: NAtional Health Corporation [TN]

" change of Reg. stered Agout/offire

99 NOV 29 M II: 13 SEPRETARY OF STATE

Enclosed are documents for expedited filing on behalf of the above.

PLEASE RETURN THE EVIDENCE BY MAIL (ENVELOPE ENCLOSEE)

TO:

CHARLES COYLE & COMPANY, INC.

826 Shadybrook Drive

Suite B

Marietta, GA 30066-6215

Please call me on our toll free telephone number if there are any problems.

Sincerely,

Charles A Coyle

in Chang

T. LEWIS DEC 6 1999

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of sections 607.0.	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the laws of the State of
the undersigned submits the fol the State of Fla	lowing statement in order to cl orida.	nange its registered office or registered agent, or both, in
1. The name of	the corporation is: National N	onal Health Corporation
2. The mailing	address of the corporation is:_ ine St., Suite 1400 - Ci	ty Center, Murfreesboro, TN 37130
3. Date of inc	orporation/qualification: 12-1	5-86 Document number: P12509
	nd address of the current regist	
	United States Corpora	tion Company
	1201 Hays St., Suite	105
	Tallahassee, FL 3230	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)		
	NRAI Services, Inc.	ON 29
	526 East PArk Avenue	
	TAllahassee, FL 32301	STA STA
The street add	dress of its registered office an anged, will be identical.	d the street address of the business office of its registered
Such change	was authorized by resolution of the board.	uly adopted by its board of directors or by an officer so
2000	re of an officer, chairman or vice chairm	11-19-99
	P. LaRoche, Jr Sr. Vic (Printed or typed name and title	·) ·
Having been corporation, I further agre performance registered ag	I nereby accept the appointmence to comply with the provision of my duties, and I am familiant.	l to accept service of process for the above stated int as registered agent and agree to act in this capacity. It is of all statutes relative to the proper and complete ir with and accept the obligation of my position as
1	NRAI Services, Inc. (Signature of Registered Agent)	//-22-99 (Date)
		(Figure)
If signing on be	chalf of an entity:	Assistant Secretary
	Charles A. Coyle (Typed or Printed Name)	(Capacity)

* * * FILING FEE: \$35.00 * * *