

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12509

1. Entity Name

NATIONAL HEALTH CORPORATION

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90008 018 \*\*\*150.00

Principal Place of Business

Mailing Address

100 VINE STREET  
PO BOX 1398  
MURFREESBORO TN 37133

100 VINE STREET  
PO BOX 1398  
MURFREESBORO TN 37133-1398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1294263**

Applied For  
Not Applicable

Zip - - -

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ADAMS, W. ANDREW	
STREET ADDRESS	100 VINE ST., SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGESS, ERNEST G., III	
STREET ADDRESS	100 VINE ST., SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAROCHE, RICHARD F.	
STREET ADDRESS	100 VINE ST., SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ADAMS, ROBERT G.	
STREET ADDRESS	100 VINE ST., SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, OLIN O	
STREET ADDRESS	100 VINE ST., SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRISON, S. C	
STREET ADDRESS	100 VINE ST	
CITY-ST-ZIP	MURFREESBORO TN	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W. Andrew Adams* W. Andrew Adams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

615-890-2020

Daytime Phone #

CR2E034 (9/99)