

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12509

1. Entity Name

NATIONAL HEALTH CORPORATION

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90137 007 \*\*\*150.00

Principal Place of Business

100 VINE STREET  
SUITE 1400 - CITY CENTER  
MURFREESBORO TN 37130

Mailing Address

P. O. BOX 1398  
MURFREESBORO TN 37133

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **62-1294263**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

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, 2001 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

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 checked="" type="checkbox"/> Delete
NAME	GARRISON, S. C	
STREET ADDRESS	100 VINE ST	
CITY-ST-ZIP	MURFREESBORO TN	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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

Date

615-890-2020

Daytime Phone #

CR2E034 (10/00)