FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:41

DOCUMENT # P12561 (7)

1. Corporation Name
NHC, INC.-TENNESSEE

Principal Place of Business	Mailing Address
100 VINE STREET PO BOX 1398 MURFREESBORO TN 37133	100 VINE STREET PO BOX 1398 MURFREESBORO TN 37133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/16/1986
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 62-1293233 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ADAMS, W. ANDREW	1.2 NAME	Adams, W. Andrew	
STREET ADDRESS	814 SOUTH CHURCH STREET	1.3 STREET ADDRESS	100 Vine Street, Suite 1400	
CITY-ST-ZIP	MURFREESBORO TN	1.4 CITY-ST-ZIP	Murfreesboro, Tn. 37130	
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	ADAMS, ROBERT G.	2.2 NAME	Adams, Robert G.	
STREET ADDRESS	814 SOUTH CHURCH STREET	2.3 STREET ADDRESS	100 Vine St., Suite 1400	
CITY-ST-ZIP	MURFREESBORO TN	2.4 CITY-ST-ZIP	Murfreesboro, Tn. 37130	
TITLE	S	3.1 TITLE	S	☑ Change ☐ Addition
NAME	LAROCHE, RICHARD F.	3.2 NAME	LaRoche, Richard F.	
STREET ADDRESS	814 SOUTH CHURCH STREET	3.3 STREET ADDRESS	100 Vine St., Suite 1400	
CITY-ST-ZIP	MURFREESBORO TN	3.4 CITY-ST-ZIP	Murfreesboro, Tn. 37130	
TITLE	T	4.1 TITLE	T	☑ Change ☐ Addition
NAME	SWAFFORD, CHARLOTTE	4.2 NAME	Swafford, Charlotte	
STREET ADDRESS	814 SOUTH CHURCH STREET	4.3 STREET ADDRESS	100 Vine St., Suite 1400	
CITY-ST-ZIP	MURFREESBORO TN	4.4 CITY-ST-ZIP	Murfreesboro, Tn. 37130	
TITLE	D	5.1 TITLE		☑ Change ☐ Addition
NAME	ADAMS, CARL E.	5.2 NAME	Delete	
STREET ADDRESS	814 SOUTH CHURCH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	MURFREESBORO TN	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☑ Change ☐ Addition
NAME	WILLIAMS, OLIN O.	6.2 NAME	Williams, Olin O.	
STREET ADDRESS	814 SOUTH CHURCH STREET	6.3 STREET ADDRESS	100 Vine St., Suite 1400	
CITY-ST-ZIP	MURFREESBORO TN	6.4 CITY-ST-ZIP	Murfreesboro, Tn. 37130	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 3-14-95 615-890-2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497617 PN