

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 29 1996 8:00 am
Secretary of State

DOCUMENT # P12561 (7)

1. Corporation Name

NHC, INC.-TENNESSEE

Principal Place of Business

100 VINE STREET
PO BOX 1398
MURFREESBORO TN 37133

Mailing Address

100 VINE STREET
PO BOX 1398
MURFREESBORO TN 37133

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

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/16/1986

3a. Date of Last Report
03/24/1995

4. FET 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

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 607.1502, 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 of officer or director of corporation

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

PD
ADAMS, W. ANDREW
100 VINE STREET, SUITE 1400
MURFREESBORO TN

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

V
ADAMS, ROBERT G.
100 VINE ST., SUITE 1400
MURFREESBORO TN

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

S
LAROCHÉ, RICHARD F.
100 VINE ST., SUITE 1400
MURFREESBORO TN

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

T
SWAFFORD, CHARLOTTE
100 VINE ST., SUITE 1400
MURFREESBORO TN

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

D
WILLIAMS, OLIN O.
100 VINE ST., SUITE 1400
MURFREESBORO TN

DELETE

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

DELETE

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

D
Twilla, J. K.
100 Vine St., Suite 1400
Murfreessboro, Tn.

Change Addition

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

V D
Adams, Robert G.
100 Vine St., Suite 1400
Murfreessboro, Tn

Change Addition

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY- ST- ZIP

D
Burgess, Ernest G. III
100 Vine St., Suite. 1400
Murfreessboro, Tn.

Change Addition

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY- ST- ZIP

Change Addition

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY- ST- ZIP

Change Addition

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY- ST- ZIP

Change Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

522-96

615-890-2020

CR2E034 (12/95)