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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 37133-1398**

3. Date Incorporated or Qualified

12/16/1986

3a. Date of Last Report

05/29/1996

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

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

Signature of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ADAMS, W. ANDREW	
STREET ADDRESS	100 VINE STREET, SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TWILL, J. K.	
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	T	<input type="checkbox"/> DELETE
NAME	SWAFFORD, CHARLOTTE	
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	VD	<input type="checkbox"/> DELETE
NAME	ADAMS, ROBERT G	
STREET ADDRESS	100 VINE ST., SUITE 1400	
CITY-ST-ZIP	MURFREESBORO TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 included 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Date

615-890-2020

Daytime Phone #

CR2E034 (9/96)