

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90078 038 ***150.00

DOCUMENT # P12561

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1986

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

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 607.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME ADAMS, W. ANDREW
STREET ADDRESS 100 VINE STREET, SUITE 1400
CITY-ST-ZIP MURFREESBORO TN

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME TWILLA, J. K
STREET ADDRESS 100 VINE ST., SUITE 1400
CITY-ST-ZIP MURFREESBORO TN

2.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME LAROCHE, RICHARD F.
STREET ADDRESS 100 VINE ST., SUITE 1400
CITY-ST-ZIP MURFREESBORO TN

3.1 TITLE ☐ Change ☐ Addition

TITLE T ☐ DELETE

NAME SWAFFORD, CHARLOTTE
STREET ADDRESS 100 VINE ST., SUITE 1400
CITY-ST-ZIP MURFREESBORO TN

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME WILLIAMS, OLIN O.
STREET ADDRESS 100 VINE ST., SUITE 1400
CITY-ST-ZIP MURFREESBORO TN

5.1 TITLE ☐ Change ☐ Addition

TITLE VD ☐ DELETE

NAME ADAMS, ROBERT G
STREET ADDRESS 100 VINE ST., SUITE 1400
CITY-ST-ZIP MURFREESBORO TN

6.1 TITLE ☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

W. Andrew Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99

Date

615-890-2020

Daytime Phone #

CR2E034 (1/98)

0523647