

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State
 04-18-2000 90039 049 ***150.00

DOCUMENT # P12561

1. Entity Name

NHC, INC.-TENNESSEE

Principal Place of Business

Mailing Address

VINE STREET
 BOX 1398
 MEMPHIS TN 37133

100 VINE STREET
 PO BOX 1398
 MURFREESBORO TN 37133-1398

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1293233

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	TWILLA, 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	

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00
 Date

615-890-2020
 Daytime Phone #

034 (9/99)