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Secretary of State

07-15-1999 90023 043 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21871

1. Corporation Name

NHC, INC. OF DELAWARE

Principal Place of Business

 1000 MANSELL EXCHANGE WEST
 SUITE 230
 ALPHARETTA GA 30202

Mailing Address

 1000 MANSELL EXCHANGE WEST
 SUITE 230
 ALPHARETTA GA 30202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1988

4. FEI Number

22-2840749

 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 PO BOX 5050

27 Suite, Apt. #, etc.

 28 City & State
 CHERRY HILL NJ

 29 Zip Country
 08003 USA

9. Name and Address of Current Registered Agent

 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

 81 Name
 CT CORPORATION SYSTEM
 82 Street Address (P.O. Box Number is Not Acceptable)
 1200 SOUTH PINE ISLAND ROAD
 83
 84 City PLANTATION FL 85 Zip Code
 33324

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

KORBLA BEHLER

KORBLA BEHLER

DATE

7/29/99

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

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, BOB	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, SUITE 230	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MURDOCK, STEVE	
STREET ADDRESS	1000 MANSELL EXCHANGE WEST, SUITE 230	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	MAGLIOCHETTI, FRANK	
STREET ADDRESS	175 CABOT ST 4TH FL	
CITY-ST-ZIP	LOWELL MA 01854	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. Special Additions/Changes to Officers and Directors in 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CRAIG W. PORTER	
1.3 STREET ADDRESS	55 CARNEGIE PLAZA	
1.4 CITY-ST-ZIP	CHERRY HILL NJ 08003	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACK N. BROWN	
2.3 STREET ADDRESS	55 CARNEGIE PLAZA	
2.4 CITY-ST-ZIP	CHERRY HILL NJ 08003	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JACK N. BROWN	
3.3 STREET ADDRESS	55 CARNEGIE PLAZA	
3.4 CITY-ST-ZIP	CHERRY HILL NJ 08003	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CRAIG W. PORTER	
4.3 STREET ADDRESS	55 CARNEGIE PLAZA	
4.4 CITY-ST-ZIP	CHERRY HILL NJ 08003	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACK N. BROWN

7/6/99

 (609)
 470-2100
 Daytime Phone #

CR2E034 (1/98)