


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90068 028 ***150.00

DOCUMENT # P97000017260	
1. Entity Name NHC SALES OF FLORIDA, INC.	

Principal Place of Business 3737 EL JOBEAN ROAD PORT CHARLOTTE, FL 33953	Mailing Address 6991 E. CAMELBACK RD. B-310 SCOTTSDALE, AZ 85251
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2. Principal Place of Business Two N. Riverside Plaza	3. Mailing Address Two N. Riverside Plaza
Suite, Apt. #, etc. Suite 800	Suite, Apt. #, etc. Suite 800



04262005 Chg-P CR2E034 (10/03)

City & State Chicago, Illinois	City & State Chicago, Illinois
Zip 60606	Zip 60606
Country USA	Country USA

4. FEI Number 86-0842593	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDWARDS, COLLEEN S <input checked="" type="checkbox"/> Delete 6991 E. CAMELBACK RD., #B-360 SCOTTSDALE, AZ 85251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thomas P. Heneghan Two N. Riverside Plaza, #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete NAPP, DAVID A 6991 E CAMELBACK RD., #B-360 SCOTTSDALE, AZ 85251	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ellen Kelleher Two N. Riverside Plaza, #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <input checked="" type="checkbox"/> Delete HARRELL, TERRY 2650 HOLIDAY TRAIL KISSIMMEE, FL 34746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Michael Berman Two N. Riverside Plaza, #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David W. Fell Two N. Riverside Plaza, #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marguerite Nader Two N. Riverside Plaza, #800 Chicago, Illinois 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jennifer Usher Two N. Riverside Plaza, #800 Chicago, Illinois 60606

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: By: David W. Fell Date: 04/26/05
David W. Fell, VP 312/279-14006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #