


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**


**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000108375**  
1. Entity Name  
NHC HEALTHCARE/PENSACOLA, INC.



Principal Place of Business: 8475 UNIVERSITY PARKWAY, PENASACOLA, FL 32514  
Mailing Address: 100 VINE STREET, MURFREESBORO, TN 37130

**DO NOT WRITE IN THIS SPACE**

  
 01292004 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-3574637 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NRAI SRRVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DENBESTEN, KENNETH D 100 VINE ST MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SWAFFORD, CHARLOTTE A 100 VINE ST MURFREESBORO, TN 37130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000127104  
04/23/04-80061-010 150.00

**DO NOT WRITE IN THIS SPACE**

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: Kenneth D. DenBasten 4/14/04 615-890-2020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #