

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108375

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** NHC HEALTHCARE/PENSACOLA, INC.

**Current Principal Place of Business:**

8475 UNIVERSITY PARKWAY  
PENASACOLA, FL 32514

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1398  
MURFREESBORO, TN 371331398

**New Mailing Address:**

**FEI Number:** 59-3574637      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** USSERY, MICHAEL  
**Address:** 100 VINE ST  
**City-St-Zip:** MURFREESBORO, TN 37130

**Title:** STD  
**Name:** SWAFFORD, CHARLOTTE A  
**Address:** 100 VINE ST  
**City-St-Zip:** MURFREESBORO, TN 37130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY T. HENDERSON

AS

02/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date