

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108359

FILED
Feb 24, 2011
Secretary of State

Entity Name: NHC HEALTHCARE/LAKE CITY, INC.

Current Principal Place of Business:

100 VINE STREET STE 1400 CITY CENTER
MURFREESBRO, TN 37130

New Principal Place of Business:

Current Mailing Address:

PO BOX 1398
MURFREESBORO, TN 37133

New Mailing Address:

FEI Number: 59-3574616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD
Name: USSERY, R MICHAEL
Address: 100 E. VINE STREET
City-St-Zip: MURFREESBORO, TN 37130

Title: STD
Name: SWAFFORD, CHARLOTTE A
Address: 100 E. VINE STREET
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: R. MICHAEL USSERY

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02/24/2011

Electronic Signature of Signing Officer or Director

_____ Date