

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108359

Entity Name: NHC HEALTHCARE/LAKE CITY, INC.

Current Principal Place of Business:

100 VINE STREET STE 1400 CITY CENTER
MURFREESBRO, TN 37130

Current Mailing Address:

PO BOX 1398
MURFREESBORO, TN 37133

FEI Number: 59-3574616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

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

Title STD
Name SWAFFORD, CHARLOTTE A
Address 100 E. VINE STREET
City-State-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

PRESIDENT

03/13/2014

Electronic Signature of Signing Officer/Director Detail

Date