

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000108359

Entity Name: NHC HEALTHCARE/LAKE CITY, INC.

Current Principal Place of Business:

100 E VINE STREET
SUITE 1400
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 PRESIDENT, DIRECTOR
Name USSERY, R MICHAEL
Address 100 E. VINE STREET
City-State-Zip: MURFREESBORO TN 37130

Title SECRETARY, TREASURER
Name EPLEY, JUSTIN
Address 100 E. VINE STREET
City-State-Zip: MURFREESBORO TN 37130

Title DIRECTOR
Name KIDD, BRIAN F
Address 100 E VINE ST
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: BRIAN F. KIDD

DIRECTOR

04/09/2024

Electronic Signature of Signing Officer/Director Detail

_____ Date