

P98000108359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

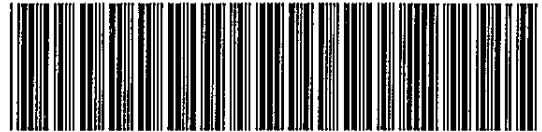
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900009175509

12/03/02--01077--002 **140.00

FILED
02 DEC -3 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC 12-10

CHARLES COYLE & COMPANY, INC.
1366 Bailey's Corner
Marietta, GA 30062-2074

Phone: (800) 211-8645 Fax: (800) 211-8647

TO: Florida – Corporation Division

Date: 11-26-2002

RE: 1) NHI/REIT of Florida, L.P. (FL)
2) National Health Investors, Inc. (MD)
3) NHI/REIT, Inc. (MD)
4) NHC Healthcare/Lake City, Inc. (FL)
5) National Health Investors/Florida, Inc. (FL)

- a) check for \$35 for L.P.
- b) check for \$140 (\$35 for each of 4 corporations)

Enclosed are documents for filing on behalf of the above.

Please return evidence by mail to me. (envelopes enclosed)

If there are any problems with the filing please call.

Charles A. Coyle

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: NHC Healthcare/Lake City, Inc.
- 2. The principal office address: 100 Vine Street, Suite 1400 City Center
Murfreesboro, TN 37130
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1-1-99 Document number: P98000108359

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

John H. Rains, III
201 N. Franklin Street, Suite 2100
Tampa, FL 33602

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
526 E. Park Avenue
(P.O. Box or personal mailbox NOT acceptable)
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ann S. Benson
(Signature of an officer, chairman or vice chairman of the board)

Ann S. Benson - Assistant Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

11-25-02
(Date)

If signing on behalf of an entity:

By: Charles A. Coyle
(Typed or Printed Name)

Charles A. Coyle - Assistant Secretary
(Capacity)

NRAI Services, Inc.

***** FILING FEE: \$35.00 *****

02 DEC -3 PM 4: 03
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA