DOCUMENT #

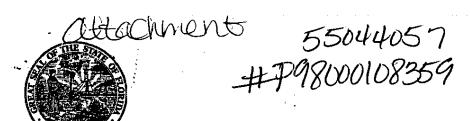
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000108359

## **FILED** May 27, 2003 8:00 am Secretary of State 05-01-2003 90791 008 \*\*\*150.00

5/:

1. Entity Nan NHC HEA	ALTHCARE/LAKE CITY, INC	).			
Principal Place of Business 920 MCFARLANE AVE LAKE CITY FL 32055		Mailing Address PO BOX 1398 MURFREESBORO TN 37133			55044057
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State		City & State			4. FEI Number 59-3574616 Applied For Not Applicable
Zip	Country	Zip	Countr -	y	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required
RAINS, 30 201 N FR TAMPA F	ANKLIN ST, SUITE 2100		-	Sac	7. Name and Address of New Registered Agent  I Denices Inc.  S (P.O. Box Number is Not Acceptable)  E Hark Ruchu c  Ilahassee, FL Zip Code 32301
signature F	Signature, typed or printed name of registered agent.  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00  c Payable to Florida Department of	NRA Cha cha the impolicable. (North	I Ser rles	vices, A. Coyle	e - asst. Secy. 5-23-2003    Part
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, W ANDREW 100 VINE ST. MURFREESBORO FL 37130	Delete	TITLE NAME	ADDRESS   LOC	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Standillon Directory Change S
NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ROBERT G 100 VINE ST MURFREESBORO TN 37130	X Delets	TITLE NAME STREET CITY-S	TADRESS LOC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAROCHE, RICHARD F JR 100 VINE ST MURFREESBORO TN 37130	X Delete	TITLE NAME_ STREET CITY-S	ADDRESS	Change Addition
TITLE NAME Street address City-SI-Zip		☐ Delete .	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP	☐ Change ☐ Addition`
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET CITY-ST	ADDRESS 1-Zip	☐ Change ☐ Addition
indicated of the cor,	on this report or supplemental report is	s true and accurate and that movered to execute this report a	v sionatur	e shall have the	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11 if



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary, of State

May 14, 2003

NHC HEALTHCARE/LAKE CITY, INC. PO BOX 1398 MURFREESBORO, TN 37133

Subject: NHC HEALTHCARE/LAKE CITY, INC.

Reference-Number:

P98000108359

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/RJ ANNUAL REPORTS SECTION

\$ 5-23-03 Signed by Registered Agent And returned henewill.