

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000081064

Entity Name: NATIONAL HEALTH FINANCE OF FLORIDA, LLC

Current Principal Place of Business:

C/O EUGENE BRINN
8370 W. HILLSBOROUGH AVENUE #102
TAMPA, FL 33615

Current Mailing Address:

C/O EUGENE BRINN
8370 W. HILLSBOROUGH AVENUE #102
TAMPA, FL 33615 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRINN, EUGENE
8370 W. HILLSBOROUGH AVENUE
#102
TAMPA, FL 33615 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: EUGENE BRINN

06/04/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name NATIONAL HEALTH FINANCE
 HOLDCO, LLC
Address 1347 N ALMA SCHOOL ROAD
 SUITE 150
City-State-Zip: CHANDLER AZ 85224

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELISSA NIGH

EXECUTIVE ASSISTANT

06/04/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date