

2017 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: Yes

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

11/03/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WATTEL, DAVID
Address 8370 W. HILLSBOROUGH AVENUE
#102
City-State-Zip: TAMPA FL 33615

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: DAVID WATTEL

MANAGER

11/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date