

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000081064

**FILED**  
**Oct 04, 2018**  
**Secretary of State**  
**CR4994588474**

**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

10/04/2018

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

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:** RICHARD A CRUZ

GENERAL COUNSEL

10/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date