

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000189727

Entity Name: HEALTH CREDIT, LLC

Current Principal Place of Business:

785 OLDSMAR TERRACE
THE VILLAGES, FL 32163

Current Mailing Address:

PO BOX1097
LADY LAKE, FL 32158 US

FEI Number: 35-2546985

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDON, SANDRA
1585 SANTA BARBARA BLVD SUITE A
THE VILLAGES, FL 32159 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: SANDRA CONDON

01/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NATIONAL FINANCING, LLC
Address PO BOX1097
City-State-Zip: LADY LAKE FL 32158

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: DEANNA DAVIS

MGR

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date