

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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

11/07/2016

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

MANAGER

11/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date