**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 20, 2018**
**Secretary of State**
**CC5191782135**

DOCUMENT# L17000260806

**Entity Name:** NATIONAL HEALTHCARE CENTER, LLC

**Current Principal Place of Business:**

19950 WEST COUNTRY CLUB DRIVE
SUITE 101
AVENTURA, FL 33180

**Current Mailing Address:**

19950 WEST COUNTRY CLUB DRIVE
SUITE 101
AVENTURA, FL 33180 US

**FEI Number: 30-1018531**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TCA FUND MANAGEMENT GROUP
19950 WEST COUNTRY CLUB DRIVE
SUITE 101
AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGR |
| Name | FELIX, GREGORY |
| Address | 19950 WEST COUNTRY CLUB DRIVE, #101 |
| City-State-Zip: | AVENTURA FL 33180 |

*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: GREGORY FELIX MGR 04/20/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date