

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000007530

**Entity Name:** HEALTHCARE AFFILIATES OF FLORIDA, LLC

**Current Principal Place of Business:**

1347 N ALMA SCHOOL RD, STE. 220  
CHANLDER, AZ 85224

**Current Mailing Address:**

1347 N ALMA SCHOOL RD, STE. 220  
CHANLDER, AZ 85224 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N., STE 300  
ST PETERSBURG, FL 33702 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 WATTEL, DAVID  
Address 1347 N ALMA SCHOOL RD, STE 150  
City-State-Zip: CHANLDER AZ 85224

Title MBR  
Name TRINITY ELITE HEALTH CARE SERVICES, LLC  
Address 5034 CARDIFF DRIVE  
City-State-Zip: HOLIDAY FL 34690

Title MBR  
Name NATIONAL HEALTH FINANCE HOLDCO, LLC  
Address 1347 N ALMA SCHOOL RD, STE 150  
City-State-Zip: CHANLDER 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:** DAVID WATTEL

**MGR**

**04/20/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date