

2020 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

05/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date