

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S74577

Entity Name: NATIONAL HEALTHCARE ASSOCIATES, INC.

Current Principal Place of Business:

999 PONCE DE LEON BOULEVARD
SUITE 950
CORAL GABLES, FL 33134

Current Mailing Address:

999 PONCE DE LEON BOULEVARD
SUITE 950
CORAL GABLES, FL 33134

FEI Number: 65-0282999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENBERG, PATRICIA
999 PONCE DE LEON BOULEVARD
SUITE 950
CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title PST
Name GREENBERG, PATRICIA E.
Address 999 PONCE DE LEON BLVD, SUITE
950
City-State-Zip: CORAL GABLES FL 33134

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA GREENBERG

PST

04/12/2018

Electronic Signature of Signing Officer/Director Detail

Date