

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000111115

**Entity Name:** INTERNATIONAL NURSE COACH ASSOCIATION, L.L.C.

**Current Principal Place of Business:**

640 N.E. 124TH STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

640 N.E. 124TH STREET  
NORTH MIAMI, FL 33161

**FEI Number: 27-2408419**

**Certificate of Status Desired: No**

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

LUCK, SUSAN J  
640 N.E. 124TH STREET  
NORTH MIAMI, FL 33161 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 MGRM  
Name LUCK, SUSAN J  
Address 10180 WEST BAY HARBOR DR #4-C  
City-State-Zip: BAY HARBOR ISLANDS FL 33154

Title MGRM  
Name GULINO SCHAUB, BONNEY  
Address 2 MURRAY COURT  
City-State-Zip: HUNTINGTON NY 11743

Title MGRM  
Name DOSSEY, BARBARA  
Address 878 PASEO DEL SUR  
City-State-Zip: SANTA FE NM 87501

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SUSAN J. LUCK**

**MANAGING MEMBER**

**04/17/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date