

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR -9 PM 1:10

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000586
NURSE CONSULTANTS FOR INFORMED HEALTHCARE, L.C.
36 INTERLAKEN ROAD
ORLANDO FL

1a. Principal Place of Business Address

36 INTERLAKEN ROAD
ORLANDO FL

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

05/23/1996

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3386172

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

04/14/1997

☐ SB 75 Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

SPEARS, DOUGLAS C
ADAMS & SPEARS, P.A.
940 HIGHLAND AVE
ORLANDO FL 32803

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

700002453827--7

-03/11/98--01043--024

City

****** FL ******

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	SPEARS, JUDY A	36 INTERLAKEN ROAD	ORLANDO FL
MGRM	BETHEL, SUZANNE M	36 INTERLAKEN ROAD	ORLANDO FL
MGRM	KILLGORE, GINA	36 INTERLAKEN ROAD	ORLANDO FL
MGRM	SMITH, EMMA W	36 INTERLAKEN ROAD	ORLANDO FL

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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 in Block 10, or on an attachment with an address.

SIGNATURE:

Judy A Spears
Judy A Spears

3/13/98 ext 246 407-425-4910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #