

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000586

1. Entity Name

NURSE CONSULTANTS FOR INFORMED HEALTHCARE, L.C.

Principal Place of Business

36 INTERLAKEN ROAD  
ORLANDO FL

Mailing Address

36 INTERLAKEN ROAD  
ORLANDO FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3386172

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Douglas C. Spears

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

Stump, Storey & Callahan, P.A.

37 North Orange Avenue, Suite 200

City

Orlando, FL

FL

Zip Code

32801

8. 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

Signature, typed or printed name of registered agent and title if applicable.

Douglas C. Spears

7/23/00

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SPEARS, JUDY A  
%36 INTERLAKEN ROAD  
ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
BETHEL, SUZANNE M  
%36 INTERLAKEN ROAD  
ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KILLGORE, GINA  
%36 INTERLAKEN ROAD  
ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SMITH, EMMA W  
%36 INTERLAKEN ROAD  
ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
500003343005--4  
-08/02/00--01004--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

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

7/23/00 407-293-0766

Date

Daytime Phone #

CR2E083 (5/00)