

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000586

1. Entity Name

NURSE CONSULTANTS FOR INFORMED HEALTHCARE, L.C.

FILED

01 MAY -1 PM 5:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

36 INTERLAKEN ROAD  
ORLANDO FL

Mailing Address

36 INTERLAKEN ROAD  
ORLANDO FL

2. Principal Place of Business

51 Interlaken Rd

3. Mailing Address

51 Interlaken Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3386172

Applied For

Not Applicable

Zip

32804

Country

ORANGE

Zip

32804

Country

ORANGE

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SPEARS, DOUGLAS C  
STUMP, STOREY & CALLAHAN, P.A.  
37 NORTH ORANGE AVENUE, SUITE 200  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Suzanne M. Bethel

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

City Orlando FL Zip Code 32804

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 Suzanne M. Bethel Suzanne M. Bethel 4/23/01  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MEMBERS

|                                                |                                                                                                        |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SPEARS, JUDY A<br>%36 INTERLAKEN ROAD<br>ORLANDO FL <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>BETHEL, SUZANNE M<br>%36 INTERLAKEN ROAD<br>ORLANDO FL <input type="checkbox"/> Delete % 51    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KILLGORE, GINA<br>%36 INTERLAKEN ROAD<br>ORLANDO FL <input type="checkbox"/> Delete % 51       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SMITH, EMMA W<br>%36 INTERLAKEN ROAD<br>ORLANDO FL <input type="checkbox"/> Delete % 51        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                        |

10. ADDITIONS/CHANGES

|                                                |                                                                                                                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>500004274045--1<br>-05/21/01--01135--028<br>*****50.00 <input type="checkbox"/> Change *****50.00 <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Suzanne M. Bethel Suzanne M. Bethel 4/23/01 407-290-3415  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0006592 AF

CR2E083 (11/00)