2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2005
Secretary of State

DOCUMENT# L96000000586

Entity Name: NURSE CONSULTANTS FOR INFORMED HEALTHCARE, L.C.

Current Principal Place of Business:

51 INTERLAKEN ROAD
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

51 INTERLAKEN ROAD
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3386172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BETHEL, SUZANNE M
51 INTERLAKEN RD
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BETHEL, SUZANNE M
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL

Title: MGRM ( ) Delete
Name: KILLGORE, GINA
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL

Title: MGRM ( ) Delete
Name: SMITH, EMMA W
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BETHEL, SUZANNE M
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL 32804

Title: MGRM (X) Change ( ) Addition
Name: KILLGORE, GINA
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL 32804

Title: MGRM (X) Change ( ) Addition
Name: SMITH, EMMA W
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: SUZANNE M. BETHEL MGRM 01/03/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date