

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000586

FILED
Jul 10, 2007
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

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

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

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

Title: MGRM () Delete
Name: SPEARS, JUDY
Address: %51 INTERLAKEN ROAD
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

07/10/2007

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