

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000586

FILED
Jul 07, 2008
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:

Name and Address of New Registered Agent:

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

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

MRS

07/07/2008

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