

2001 UNIFORM BUSINESS REPORT (UBR)

0025206 AF

DOCUMENT # **L00000012897**

1. Entity Name
CHICAGO CARE NURSE STAFFING, L.L.C.

FILED

01 MAR -9 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**14078 LAKE PRICE DR.
ORLANDO FL 32826**

Mailing Address
**14078 LAKE PRICE DR.
ORLANDO FL 32826**



2. Principal Place of Business

2699 Lee Road

3. Mailing Address

2699 Lee Road

Suite, Apt. #, etc.

Suite 412

Suite, Apt. #, etc.

Suite 412

City & State

Winter Park Florida

City & State

Winter Park Florida

4. FEI Number

59-3681005

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MJM

6. Name and Address of Current Registered Agent

**MILLER & SOUTH, P.A.
JEFFREY P. MILHAUSEN, ESQ.
2699 LEE RD., STE. 120
WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(NOTE: 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: **MGR** Delete
NAME: **STEPHENS, JOHN W**
STREET ADDRESS: **14078 LAKE PRICE DR.**
CITY-ST-ZIP: **ORLANDO FL 32826**

TITLE: **MGR** Delete
NAME: **ZAYAS, JOSHUA G**
STREET ADDRESS: **10045 BELLWOOD CT.**
CITY-ST-ZIP: **ORLANDO FL 32821**

TITLE: **MGR** Delete
NAME: **SCHWARTZ, AARON**
STREET ADDRESS: **10045 BELLWOOD CT.**
CITY-ST-ZIP: **ORLANDO FL 32821**

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

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

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

TITLE: Change Addition
NAME:
STREET ADDRESS: **100003831331--7**
CITY-ST-ZIP: **-03/12/01--01127--010**

TITLE: Change Addition
NAME:
STREET ADDRESS: *******50.00** Change Addition
CITY-ST-ZIP: *******90.00**

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

John W. Stephens
Managing Member

3/3/2001

Date

(407) 647-9777

Daytime Phone #

CR2E083 (11/00)