

2001 UNIFORM BUSINESS REPORT (UBR)

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



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

2699 Lee Road

Suite, Apt. #, etc.

Suite 412

City & State

Winter Park Florida

Zip

32789

Country

USA

3. Mailing Address

2699 Lee Road

Suite, Apt. #, etc.

Suite 412

City & State

Winter Park Florida

Zip

32789

Country

USA

4. FEI Number

59-3681005

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

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

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

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

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME

STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

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

Date

Daytime Phone #

John W. Stephens

Managing Member

3/3/2001

(407) 647-9777

CR2E083 (11/00)