

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012897

1. Entity Name

CHICAGO CARE NURSE STAFFING, L.L.C.

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90050 022 ****50.00

80102480



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2699 LEE ROAD, SUITE 412
WINTER PARK FL 32789

Mailing Address

2699 LEE ROAD, SUITE 412
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3681005

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE MGRM
NAME STEPHENS, JOHN W.
STREET ADDRESS 14078 LAKE PRICE DRIVE
CITY-ST-ZIP ORLANDO FLORIDA 32826 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 #

CR2E083 (9/01)