

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90261 049 \*\*\*\*\*50.00

**DOCUMENT # L01000002063**

1. Entity Name

**GREYSTONE HEALTHCARE STAFFING, LLC**

Principal Place of Business

**6175 SUNRISE HIGHWAY  
 MASSAPEQUA NY 11758**

Mailing Address

**6175 SUNRISE HIGHWAY  
 MASSAPEQUA NY 11758**

**905852**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**8903 Glades Rd**

3. Mailing Address

Suite, Apt. #, etc.

**Suite A5**

Suite, Apt. #, etc.

City & State

**Boca Raton FL**

City & State

Zip

**33434**

Country

Zip

Country

4. FEI Number

**58-2601706**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**WITKOWSKI, CINDY  
 6874 CALLE DEL PAZ S.  
 BOCA RATON FL 33433-6409**

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  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **Philip N. Missirlian** ☐ Delete  
 NAME **mgr**  
 STREET ADDRESS **10 Shetland Court**  
 CITY-ST-ZIP **Dix Hills, NY 11746**

TITLE **mgr** ☐ Delete  
 NAME **Cindy Witkowski**  
 STREET ADDRESS **6874 Calle Del Paz S.**  
 CITY-ST-ZIP **Boca Raton, FL 33433**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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  
 CITY-ST-ZIP

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

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 REQUIRED**

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

Date

Daytime Phone #