

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016997

1. Entity Name  
**AMERICA NURSECARE RECRUITING SERVICES,  
L.L.C.**



Principal Place of Business  
15112 LAUREL COVE CIRCLE  
ODESSA, FL 33556

Mailing Address  
15112 LAUREL COVE CIRCLE  
ODESSA, FL 33556

2. Principal Place of Business  
3453 NE 210 TER  
Suite, Apt. #, etc.

3. Mailing Address  
3453 NE 210 TER  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
AVENTURA FL  
Zip 33180 Country

City & State  
AVENTURA FL  
Zip 33180 Country

4. FEI Number 13-4203216  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name ARIC FRAID  
Street Address (P.O. Box Number is Not Acceptable)  
3453 NE 210 TER  
City AVENTURA FL Zip Code 33180

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *ARIC FRAID*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/16/03

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME DRIMMER, AMI M PH.D. ☒ Delete  
STREET ADDRESS 15112 LAUREL COVE CIRCLE  
CITY-ST-ZIP ODESSA, FL 33556

TITLE MGR  
NAME MUCHTAR, AVINOAM ☐ Delete  
STREET ADDRESS 15112 LAUREL COVE CIRCLE  
CITY-ST-ZIP ODESSA, FL 33556

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300019746713  
05/22/03--01085--017 \*\*50.00

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

Date

Daytime Phone #

CR2E083 (10/02)