

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF FLORIDA

Case number (if known)

Chapter 11☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/24

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Nurses First Solutions, LLC

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 46-4774776

4. Debtor's address

<p>Principal place of business</p> <p><u>7061 University Blvd.</u> <u>Winter Park, FL 32792</u> Number, Street, City, State &amp; ZIP Code</p> <p><u>Orange</u> County</p>	<p>Mailing address, if different from principal place of business</p> <p>_____ P.O. Box, Number, Street, City, State &amp; ZIP Code</p> <p>Location of principal assets, if different from principal place of business</p> <p>_____ Number, Street, City, State &amp; ZIP Code</p>
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5. Debtor's website (URL) https://nursesfirstsolutions.com/

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor **Nurses First Solutions, LLC**  
Name

Case number (if known)

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply**

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

**C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.**

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ **Chapter 11. Check *all* that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_

District \_\_\_\_\_

When \_\_\_\_\_

When \_\_\_\_\_

Case number \_\_\_\_\_

Case number \_\_\_\_\_

Debtor **Nurses First Solutions, LLC**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor

District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State &amp; ZIP Code

Is the property insured?

☐ No☐ Yes.

Insurance agency

Contact name

Phone

**Statistical and administrative information**

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.

- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☒ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☒ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor	<b>Nurses First Solutions, LLC</b>	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion


Debtor **Nurses First Solutions, LLC** Case number (if known) \_\_\_\_\_  
Name**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-10-24  
MM / DD / YYYY**X**   
Signature of authorized representative of debtor**Alvin D. Cortez**  
Printed nameTitle **Managing Member****18. Signature of attorney****X**   
Signature of attorney for debtorDate **12/10/2024**  
MM / DD / YYYY**Justin M. Luna 0037131**  
Printed name**Latham Luna Eden & Beaudine LLP**  
Firm name**201 S. Orange Avenue  
Suite 1400  
Orlando, FL 32801**

Number, Street, City, State &amp; ZIP Code

Contact phone **(407) 481-5800**Email address **jluna@lathamluna.com****0037131 FL**

Bar number and State

**Fill in this information to identify the case:**

Debtor name **Nurses First Solutions, LLC**  
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF FLORIDA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204**
**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**
12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Aaron Bryant Stewart & Cross 3189 Princeton Road Suite 217 Hamilton, OH 45011		Vendor				\$786.93
Addition Financial 1823 N Alafaya Trail Orlando, FL 32826						\$370,822.72
Alron Construction 300 North Cocoa Blvd. Cocoa, FL 32922		Loan				\$1,203,473.28
American Express PO Box 981535 El Paso, TX 79990		Business Credit Card				\$69,900.00
Capital One Business 1000 Legion PI #710 Orlando, FL 32801		Business Credit Card				\$19,815.19
Capital One Venture X Business 1680 Capital Drive Mc Lean, VA 22102		Business Credit Card				\$61,000.00
Carpenter Morse Group 4300 W. Lake Mary Blvd. Suite 1010-401 Lake Mary, FL 32746						\$7,768.58
Chase Ink Business Unlimited 12190 University Blvd. Orlando, FL 32817		Business Credit Card				\$26,900.00

Debtor **Nurses First Solutions, LLC**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Far Out Solutions 7005 University Blvd. Winter Park, FL 32792						\$4,098.30
Ford & Harrison LLP PO Box 890836 Charlotte, NC 28289						\$5,611.00
Great Recruiters 2844 Livernois Rd. Ste 4462 Troy, MI 48099						\$7,560.00
Hubspot Inc. 2 Canal Park Cambridge, MA 02141						\$5,498.63
Indeed Mail Code 5160 PO Box 660367 Dallas, TX 75266						\$6,400.00
Internal Revenue Service U.S. Dept of Treasury 1500 Pennsylvania Ave, N Washington, DC 20270		Payroll Taxes				\$167,668.53
Medtrainer 10845 Griffith Peak Dr. #2 Las Vegas, NV 89135						\$3,820.00
Seamless AI 7652 Sawmill Road Ste 341 Dublin, OH 43016						\$5,240.00
Sense Talent Labs Inc. 225 Bush Street Suite 1350 San Francisco, CA 94104						\$23,155.20
Vivian PO Box 741383 Los Angeles, CA 90074						\$75,000.00
Vonage 101 Crawfords Corner Rd. 23 Main Street Holmdel, NJ 07733						\$555.25

Debtor **Nurses First Solutions, LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Wells Fargo 101 S Alafaya Trail Orlando, FL 32828</b>		<b>Business Loan</b>				<b>\$88,921.85</b>

**United States Bankruptcy Court  
Middle District of Florida**

In re **Nurses First Solutions, LLC**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Alvin D. Cortez</b> <b>7061 University Blvd.</b> <b>Winter Park, FL 32792</b>		<b>51%</b>	<b>Managing Member</b>
<b>Ronnie Elliott</b> <b>7061 University Blvd.</b> <b>Winter Park, FL 32792</b>		<b>49%</b>	<b>Managing Member</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date

12-10-24

Signature

  
**Alvin D. Cortez**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Middle District of Florida**

In re **Nurses First Solutions, LLC**

Debtor(s)

Case No.  
Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date:

12-10-24



**Alvin D. Cortez/Managing Member**  
Signer/Title

Nurses First Solutions, LLC - - Pg. 1 of 2

Nurses First Solutions, LLC  
7061 University Blvd.  
Winter Park, FL 32792

Capital One Business  
1000 Legion Pl  
#710  
Orlando, FL 32801

Ford & Harrison LLP  
PO Box 890836  
Charlotte, NC 28289

Justin M. Luna  
Latham Luna Eden & Beaudine LLP  
201 S. Orange Avenue  
Suite 1400  
Orlando, FL 32801

Capital One Venture X Business  
1680 Capital Drive  
Mc Lean, VA 22102

Great Recruiters  
2844 Livernois Rd.  
Ste 4462  
Troy, MI 48099

Aaron Bryant Stewart & Cross  
3189 Princeton Road  
Suite 217  
Hamilton, OH 45011

Carpenter Morse Group  
4300 W. Lake Mary Blvd.  
Suite 1010-401  
Lake Mary, FL 32746

Hubspot Inc.  
2 Canal Park  
Cambridge, MA 02141

Addition Financial  
1823 N Alafaya Trail  
Orlando, FL 32826

Chase Ink Business Unlimited  
12190 University Blvd.  
Orlando, FL 32817

Indeed  
Mail Code 5160  
PO Box 660367  
Dallas, TX 75266

Aegis Business Credit LLC  
3401 West Cypress Street  
Suite 201  
Tampa, FL 33607

CRO-In-Portions-Blake

Internal Revenue Service  
U.S. Dept of Treasury  
1500 Pennsylvania Ave, N  
Washington, DC 20270

Alron Construction  
300 North Cocoa Blvd.  
Cocoa, FL 32922

Crystal Springs  
PO Box 660579  
Dallas, TX 75266

Medtrainer  
10845 Griffith Peak Dr. #2  
Las Vegas, NV 89135

Alvin D. Cortez  
7061 University Blvd.  
Winter Park, FL 32792

Denholtz UCC LLC  
116 Chestnut Street  
Suite 102  
Red Bank, NJ 07701

Nurse Recruiter  
113 Cherry St. #26760  
Seattle, WA 98104

American Express  
PO Box 981535  
El Paso, TX 79990

Duke Energy  
PO Box 14042  
Saint Petersburg, FL 33733

Primo Water  
200 Eagles Landing Blvd.  
Lakeland, FL 33810

Birch Grove Software  
7434 Centenary Ave.  
Dallas, TX 75225

Far Out Solutions  
7005 University Blvd.  
Winter Park, FL 32792

Resume Library  
361 Newbury Street  
Suite 510  
Boston, MA 02115

Nurses First Solutions, LLC - - Pg. 2 of 2

Ronnie Elliott  
7061 University Blvd.  
Winter Park, FL 32792

Wells Fargo  
101 S Alafaya Trail  
Orlando, FL 32828

Rowland Pest Management Inc.  
434 Canal Street  
New Smyrna Beach, FL 32168

Zip Recruiter  
401 Wilshire Blvd.  
11th Floor  
Santa Monica, CA 90403

Safe Touch  
369 Anchor Rd.  
Suite 1201  
Casselberry, FL 32707

Seamless AI  
7652 Sawmill Road  
Ste 341  
Dublin, OH 43016

Sense Talent Labs Inc.  
225 Bush Street  
Suite 1350  
San Francisco, CA 94104

Spectrum  
1600 Dublin Rd  
Columbus, OH 43215

Track5Media  
533 Janet Ave  
Ste. 2  
Lancaster, PA 17601

Vivian  
PO Box 741383  
Los Angeles, CA 90074

Vonage  
101 Crawfords Corner Rd.  
23 Main Street  
Holmdel, NJ 07733

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**Middle District of Florida**

In re **Nurses First Solutions, LLC**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:
 

For legal services, I have agreed to accept .....	\$	<u><b>26,738.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>26,738.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>
2. The source of the compensation paid to me was:
 

☒ Debtor      ☐ Other (specify):
3. The source of compensation to be paid to me is:
 

☒ Debtor      ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
  - a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. [Other provisions as needed]
6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**12/10/2024**

Date


**Justin M. Luna 0037131**

Signature of Attorney

**Latham Luna Eden & Beaudine LLP****201 S. Orange Avenue****Suite 1400****Orlando, FL 32801****(407) 481-5800 Fax: (407) 481-5801****jluna@lathamluna.com**

Name of law firm