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125/21

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CROSS COUNTRY NURSES, INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shelley Kaye
(Name of Person)

Cross Country, Inc.
(Firm/Company)

6551 Park of Commerce Blvd., NW Suite 200
(Address)

Boca Raton, FL 33487
(City/State and Zip code)

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For further information concerning this matter, please call:

Shelley Kaye at (800) 440 5641
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CROSS COUNTRY NURSES, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

(State or country under the law of which it is incorporated)

3. 04-3644717

(FEI number, if applicable)

4. 4/17/02

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 6551 Park of Commerce Blvd., NW, Suite 200, Boca Raton, FL 33487

(Principal office address)

Same

(Current mailing address)

8. Temporary Staffing

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Corporation Service Company

Brian Courtney

Asst. V. Pres

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.

Susan E. Ball

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14.

Susan E. Ball, Secretary

(Typed or printed name and capacity of person signing application)

CROSS COUNTRY NURSES, INC.
6551 Park of Commerce Blvd., NW
Suite 200
Boca Raton, FL 33487

OFFICERS & DIRECTORS
FEIN: 04-3644717

Officers:	Business Address
Victor Kalafa Chief Executive Officer	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
Joseph A. Boshart President	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
Emil Hensel Treasurer	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
Susan E. Ball Secretary	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
Richard Ives Assistant Secretary	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
Directors:	
Joseph A. Boshart	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
A. Lawrence Fagan Director	Charterhouse Group International 535 Madison Avenue New York, NY 10022-4299
Victor Kalafa Director	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487
Emil Hensel Director	6551 Park of Commerce Blvd., NW, #200 Boca Raton, FL 33487

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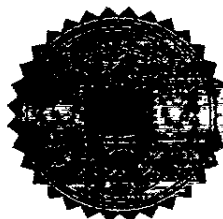
Delaware

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CROSS COUNTRY NURSES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF MAY, A.D. 2003.

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Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

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AUTHENTICATION: 2416589

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DATE: 05-14-03