2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003879

Entity Name: CROSS COUNTRY HEALTHCARE, INC.

FILED Jan 11, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6551 PARK OF COMMERCE BLVD., NW SUITE 200 BOCA RATON, FL 33487				6551 PARK OF COMMERCE BLVD., NW BOCA RATON, FL 33487			
Current Mailing Address:				New Mailing Address:			
6551 PARK OF COMMERCE BLVD., NW SUITE 200 BOCA RATON, FL 33487				6551 PARK OF COMMERCE BLVD., NW ATTN: STEPHANIE PAPOULIS BOCA RATON, FL 33487			
FEI Number:	13-4066229	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desire	ed ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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.							
SIGNATUR	E:						
		Signature of Registered Agen	t			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	LEWIS, DANIEL	Delete COMMERCE BLVD., NW #200 L 33487		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	COB () I DIRCKS, THOMA 535 MADISON A' NEW YORK, NY	VENUE		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BOSHART, JOSE	COMMERCE BLVD., NW, #200		Title: Name: Address: City-St-Zip:	BOSHART, JOS	COMMERCE BLVD., NW, #2	00
Title: Name: Address: City-St-Zip:	CFO () I HENSEL, EMIL 6651 PARK OF C BOCA RATON, F	COMMERCE BLVD., NW, #200		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	BALL, SUSAN E	Delete COMMERCE BLVD., NW #200 L 33487		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S ()[RUBIN, STEPHE 1585 BROADWA NEW YORK, NY	Y		Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN BALL A/S 01/11/2005