2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# F99000003879

Entity Name: CROSS COUNTRY HEALTHCARE, INC.

Current Principal Place of Business:

6551 PARK OF COMMERCE BLVD., NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6551 PARK OF COMMERCE BLVD., NW
ATTN: STEPHANIE PAPOULIS
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 13-4066229 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PAO	( ) Delete
Name:	LEWIS, DANIEL	
Address:	6551 PARK OF COMMERCE BLVD., NW #200	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	COB	( ) Delete
Name:	DIRCKS, THOMAS	
Address:	535 MADISON AVENUE	
City-St-Zip:	NEW YORK, NY 10022	
Title:	PCEO	( ) Delete
Name:	BOSHART, JOSEPH A	
Address:	6651 PARK OF COMMERCE BLVD., NW, #200	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	CFO	( ) Delete
Name:	HENSEL, EMIL	
Address:	6651 PARK OF COMMERCE BLVD., NW, #200	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	AS	( ) Delete
Name:	BALL, SUSAN E	
Address:	6551 PARK OF COMMERCE BLVD., NW #200	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	S	( ) Delete
Name:	RUBIN, STEPHEN W ESQ.	
Address:	1585 BROADWAY	
City-St-Zip:	NEW YORK, NY 10036	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 AS 01/16/2006
Electronic Signature of Signing Officer or Director — Date