

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 033 ***150.00

DOCUMENT # P03000043332

1. Entity Name
CROSS COUNTRY MEDICAL SUPPLIES, INC.



Principal Place of Business
**521 LAKE DRIVE
DELRAY BEACH, FL 33444**

Mailing Address
**521 LAKE DRIVE
DELRAY BEACH, FL 33444**

54069618



2. Principal Place of Business
**9310 Oak Kings Rd S.
Suite, Apt. #, etc.
#1902**

3. Mailing Address
**4446 Hendricks Ave.
Suite, Apt. #, etc.
#236**

08202004 Chg-P CR2E034 (10/03)

City & State
Jacksonville, FL
Zip
32257 Country
Duval

City & State
Jacksonville, FL
Zip
32207 Country
Duval

4. FEI Number
38-3678790 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GINSBURG, JENNIFER
521 LAKE DRIVE
DELRAY BEACH, FL 33444**

7. Name and Address of New Registered Agent

Name
Jennifer Ginsburg
Street Address (P.O. Box Number is Not Acceptable)
1982 Camellia Oaks Lane
City
Jacksonville FL Zip Code
32217

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GINSBURG, JENNIFER
521 LAKE DRIVE
DELRAY BEACH, FL 33444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Ginsburg, Jennifer
1982 Camellia Oaks Lane
Jacksonville, FL 32217** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jennifer Ginsburg 8/23/04 (904) 733-8182
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #