

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000043332

FILED
Apr 29, 2006
Secretary of State

Entity Name: CROSS COUNTRY MEDICAL SUPPLIES, INC.

Current Principal Place of Business:

21301 POWERLINE ROAD
#306B
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

21301 POWERLINE ROAD
#306B
JACKSONVILLE, FL 32207

New Mailing Address:

21301 POWERLINE ROAD
#306B
BOCA RATON, FL 33433

FEI Number: 38-3678790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GINSBURG, JENNIFER
9768 GRAND VERDE WAY
#1003
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

GINSBURG, JENNIFER
3730 N. 32ND TERRACE
HOLLYWOOD, FL 33021 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.

SIGNATURE: JENNIFER GINSBURG

04/29/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GINSBURG, JENNIFER
Address: 9768 GRAND VERDE WAY
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GINSBURG, JENNIFER
Address: 3730 N. 32ND TERRACE
City-St-Zip: HOLLYWOOD, FL 33021

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: JENNIFER GINSBURG

DP

04/29/2006

Electronic Signature of Signing Officer or Director

Date