

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P18968**

1. Entity Name  
**CROSS COUNTRY HOME SERVICES, INC.**



Principal Place of Business  
**1625 NW 136TH AVE  
STE 200  
FORT LAUDERDALE, FL 33323 US**

Mailing Address  
**P O BOX 551540  
FT LAUDERDALE, FL 33355-154 US**



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. Fil Number  
**65-0033743**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JUDGES, ROBERT  
1625 NW 136TH AVE  
STE 200  
FORT LAUDERDALE, FL 33323**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DV WOLK, HOWARD L 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P FINN, SANDRA C 1625 NW 136TH AVE STE 200 FT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOLK, JEFFREY C 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOLK, SIDNEY D 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WOLK, NATHAN T 1625 NW 136TH AVE., STE 200 FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST JUDGES, ROBERT W 1625 NW 136TH AVE STE 200 FORT LAUDERDALE, FL 33323

U00000177757  
01/11/05-80061-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert W. Judges* **Robert W. Judges**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary / Treasurer** 1/5/05 954-845-2474  
Date Daytime Phone #