

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 31, 2008 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



03202008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI 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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000873441  
04/10/08-80078-022 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
WOLK, HOWARD L  
1625 NW 136TH AVE STE 200  
FORT LAUDERDALE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FINN, SANDRA C  
1625 NW 136TH AVE STE 200  
FT LAUDERDALE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WOLK, JEFFREY C  
1625 NW 136TH AVE STE 200  
FORT LAUDERDALE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WOLK, SIDNEY D  
1625 NW 136TH AVE STE 200  
FORT LAUDERDALE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
COKE, L ASHLEY  
1625 NW 136 AVE #200  
FORT LAUDERDALE, FL 33323

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
JUDGES, ROBERT W  
1625 NW 136TH AVE STE 200  
FORT LAUDERDALE, FL 33323

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/08

Date

954-845-2325

Daytime Phone #