

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003879

Entity Name: CROSS COUNTRY HEALTHCARE, INC.**Current Principal Place of Business:**5201 CONGRESS AVENUE
SUITE 100 B
BOCA RATON, FL 33487**Current Mailing Address:**5201 CONGRESS AVENUE
SUITE 100 B
BOCA RATON, FL 33487 US**FEI Number:** 13-4066229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CFO, VP
Name	BURNS, WILLIAM J.
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	S, VP
Name	BALL, SUSAN
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	CEO, P
Name	CLARK, KEVIN
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	SVP
Name	PIZZI, CHRISTOPHER
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	POPKIN, GREGORY
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	SVP
Name	ADDIS, DANIELE
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	VP
Name	MCDONALD, COLIN
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

Title	EVP
Name	SAVILLE, STEPHEN
Address	5201 CONGRESS AVENUE SUITE 100 B
City-State-Zip:	BOCA RATON FL 33487

I hereby 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 all other like empowered.

SIGNATURE: SUSAN E. BALL**SECRETARY****02/05/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date