

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007520

Entity Name: AMN WORKFORCE SOLUTIONS, LLC**Current Principal Place of Business:**302 KNIGHTS RUN AVENUE
#1025
TAMPA, FL 33602**Current Mailing Address:**12400 HIGH BLUFF DR. #100
SAN DIEGO, CA 92130 US**FEI Number:** 47-2059791**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:** ROBERT BRADLEY

08/18/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	DIRECTOR, PRESIDENT & CEO
Name	SALKA, SUSAN
Address	8840 CYPRESS WATERS BLVD. STE. 300
City-State-Zip:	COPPELL TX 75019

Title	SOLE MEMBER
Name	AMN HEALTHCARE, INC.
Address	12400 HIGH BLUFF DR. STE. 100
City-State-Zip:	SAN DIEGO CA 92130

Title	DIRECTOR, CHIEFL LEGAL OFFICER AND CORPORATE SECRETARY
Name	JACKSON, DENISE
Address	12400 HIGH BLUFF DRIVE STE. 100
City-State-Zip:	SAN DIEGO CA 92130

Title	MEM/MGR
Name	AMN HEALTHCARE, INC
Address	12400 HIGH BLUFF DR. #100
City-State-Zip:	SAN DIEGO CA 92130

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD R. CHAMPEAU**ASSISTANT SECRETARY** 08/18/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date