

F060000004426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

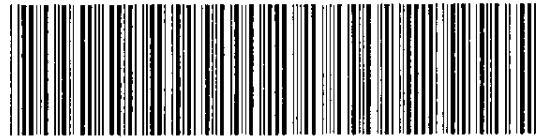
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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*Change*

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10 DEC 22 PM 4:12

RECEIVED

DEPARTMENT OF STATE  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 22 PM 4:49

FILED

*DR*  
*12/23/10*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 600784 7765516

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 35.00

ORDER DATE : December 7, 2010

ORDER TIME : 2:50 PM

ORDER NO. : 600784-053

CUSTOMER NO: 7765516

CHANGE OF AGENT

NAME: AMN HEALTHCARE ALLIED, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS: \_\_\_\_\_

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Texas in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AMN HEALTHCARE ALLIED, INC.
2. The principal office address: 5001 Statesman Drive, Irving, TX 75063
3. The mailing address (if different): 12400 High Bluff Drive, Legal Dept., San Diego, CA 92130
4. Date of incorporation/qualification: 06/28/2006 Document number: F06000004426
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI Services, Inc.

2731 Executive Park Drive, Suite 4

Weston, FL 33331

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

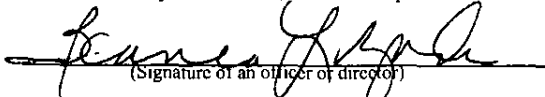
1201 Hays Street

(P.O. Box NOT acceptable)

Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

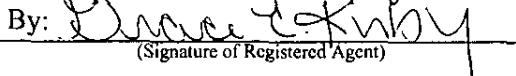
  
(Signature of an officer of director)

Blanca Lozada, Attorney in Fact

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company

By:   
(Signature of Registered Agent)

December 8, 2010

(Date)

If signing on behalf of an entity:

Grace E. Kirby, Assistant VP

(Typed or Printed Name)

**\*\*\* FILING FEE: \$35.00 \*\*\***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

**FILED**  
**2010 DEC 22 PM 4:49**  
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**TALLAHASSEE, FLORIDA**