2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# F06000004426

Entity Name: AMN HEALTHCARE ALLIED, INC.

Current Principal Place of Business:

5001 STATESMAN DRIVE
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

12400 HIGH BLUFF DRIVE
LEGAL DEPT.
SAN DIEGO, CA 92130

New Mailing Address:

FEI Number: 20-0867971 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRE
Name: HENDERSON, RALPH
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: CEO
Name: NOWAKOWSKI, SUSAN R
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: T
Name: BAILEY, BARY
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: DIR
Name: NOWAKOWSKI, SUSAN R
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: SEC
Name: JACKSON, DENISE L
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: SVP
Name: FLETCHER, JULIE
Address: 12400 HIGH BLUFF DRIVE
City-St-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 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: DENISE L. JACKSON SEC 01/04/2011

Electronic Signature of Signing Officer or Director — Date