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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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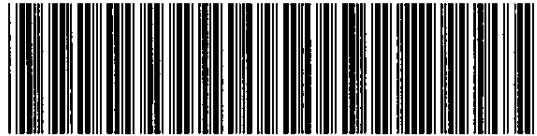
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

B. McKnight FEB 26 2008

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Platinum Select Healthcare Staffing, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Shamim Sheikh

(Name of Person)

AMN Healthcare, Inc., Legal Department

(Firm/Company)

12400 High Bluff Drive, Suite 100

(Address)

San Diego, CA 92130

(City/State and Zip code)

For further information concerning this matter, please call:

Shamim Sheikh

(Name of Person)

at ( 858 ) 720-6243

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Platinum Select Healthcare Staffing, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas

(State or country under the law of which it is incorporated)

3. 26-1708021

(FEI number, if applicable)

4. 01/07/2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. n/a

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 325 N St. Paul, Suite 4200, Dallas, TX 75201

(Principal office address)

AMN Healthcare, Inc., Legal Dept., 12400 High Bluff Drive, Suite 100, San Diego, CA 92130

(Current mailing address)

8. Healthcare Staffing

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NRAI Services, Inc.

Office Address: 2731 Executive Park Drive, Suite 4

Weston, , Florida 33331

(City)

(Zip code)

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10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 obligations of my position as registered agent.*



(Registered agent's signature)

**Louie Tamantini, Vice President**

**National Registered Agents, Inc.**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

PLEASE SEE ATTACHED LIST

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

PLEASE SEE ATTACHED LIST

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

(Signature of Director or Officer listed in number 12 of the application)

14. Denise L. Jackson, Senior Vice President, General Counsel & Secretary

(Typed or printed name and capacity of person signing application)

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**Officers and Directors of  
PLATINUM SELECT HEALTHCARE STAFFING, INC.**

---

Susan R. Nowakowski  
**Director**, Chief Executive Officer  
12400 High Bluff Drive, San Diego, CA 92130

Denise L. Jackson  
**Director**, Senior Vice President, General Counsel and Secretary  
12400 High Bluff Drive, San Diego, CA 92130

Eric J. Casazza  
President  
5001 Statesman Drive, Irving, TX 75063

David C. Dreyer  
Chief Financial Officer and Treasurer  
12400 High Bluff Drive, San Diego, CA 92130

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Phil Wilson  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

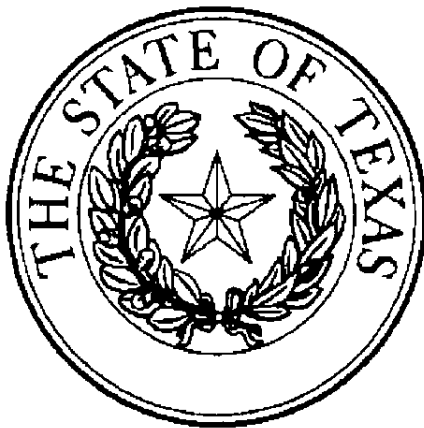
The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Platinum Select Healthcare Staffing, Inc. (file number 800920251), a Domestic For-Profit Corporation, was filed in this office on January 07, 2008.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 23, 2008.



A handwritten signature of Phil Wilson in black ink.

Phil Wilson  
Secretary of State