

F15000005668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

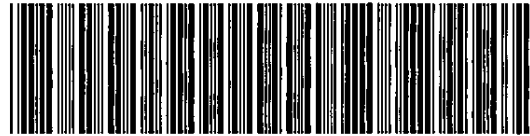
(Document Number)

Certified Copies _____

Certificates of Status _____

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12/21/15--01039--012 **78.75

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2015 DEC 21 AM 10:30
TALLAHASSEE FLORIDA

DEC 28 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

The First String Healthcare, Inc.

SUBJECT: _____
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," or "Certificate of Good Standing" 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:
Ann Stipica

_____	Name of Person
AMN Healthcare, Inc.	
_____	Firm/Company
12400 High Bluff Dr. Ste. 100; Attn: Legal	
_____	Address
San Diego, CA 92130	
_____	City/State and Zip code
ann.stipica@amnhealthcare.com	

E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Ann Stipica	858	314-7443
_____	at (_____)	_____
Name of Person	Area Code	Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|---|---|



December 18, 2015

Florida Division of Corporations
Registration Section
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed please find the Foreign Corporation Authorization registration for The First String Healthcare, Inc. A check for \$78.75 is included to cover the filing fee.

Please send proof of this filing to the following address:

AMN Healthcare, Inc.
12400 High Bluff Dr. Ste. 100; Attn: Legal
San Diego CA 92130

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Stipica', written over a horizontal line.

Ann Stipica
Paralegal

**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.*

The First String Healthcare, Inc.

1. _____
(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)
California 75-2992462

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

2/1/2013 perpetual
4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

12400 High Bluff Dr., Ste. 100, San Diego, CA 92130
7. _____
(Principal office address)

same as above

(Current mailing address, if different)

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

Name: Corporation Service Company

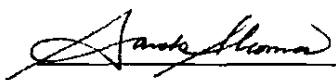
Office Address: 1201 Hays Street

Tallahassee 32301
_____, Florida _____
(City) (Zip code)

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9. 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.



Sarah Thomas, Asst. Secretary
(Registered agent's signature)

10. 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.

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

A. DIRECTORS

Chairman: Susan R. Salka
12400 High Bluff Dr., Ste. 100, San Diego, CA 92130
Address:

Vice Chairman: Denise L Jackson
12400 High Bluff Dr., Ste. 100, San Diego, CA 92130
Address:

Director:
Address:

Director:
Address:

B. OFFICERS

President: Ralph Henderson
12400 High Bluff Dr., Ste. 100, San Diego, CA 92130
Address:

Vice President: Brad Pantoskey
12400 High Bluff Dr., Ste. 100, San Diego, CA 92130
Address:

Secretary: Denise L Jackson
12400 High Bluff Dr., Ste. 100, San Diego, CA 92130
Address:

Treasurer: Brian Scott
12400 High Bluff Dr., Ste. 100, San Diego, CA 92130DdDe
Address:

2018 DEC 21 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12.  , Asst. Secretary
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Louis Alonso, Assistant Secretary

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

The First String Healthcare, Inc.

LIST OF OFFICERS

Susan R. Salka
Brian M. Scott
Denise L. Jackson
Ralph Henderson
Marcia Faller
Julie R. Fletcher
Louis G. Alonso
Lucy Pantoskey
Brad Pantoskey

TITLES

Chief Executive Officer
Chief Financial Officer and Treasurer
Senior Vice President, General Counsel and Secretary
President, Healthcare Staffing
Chief Clinical Officer
Chief Talent Officer
Assistant Secretary
Founder
VP, Relationship Development

BOARD OF DIRECTORS

Susan R. Salka
Denise L. Jackson

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2015 DEC 21 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

THE FIRST STRING HEALTHCARE, INC.

FILE NUMBER: C3541996
FORMATION DATE: 02/01/2013
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of December 04, 2015.

ALEX PADILLA
Secretary of State