



September 8, 2016

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

To Whom It May Concern:

Enclosed please find the Application by Foreign Corporation for Authorization to Transact Business for Peak Health Solutions, Inc. Also enclosed is the \$78.75 filing fee and certificate of good standing from the home state of California.

Please feel free to contact me at (858) 314-7443 or by email at ann.stipica@amnhealthcare.com should you have any questions on this filing.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Stipica', with a stylized flourish at the end.

Ann Stipica
Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations
Peak Health Solutions, 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	
_____	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 |
|---|---|---|---|

**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.*

Peak Health Solutions, 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)
CA 26-4741095

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
04/17/09

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)

(Current mailing address, if different)

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

Corporation Service Company

Name: _____

1201 Hays Street

Office Address: _____

Tallahassee

(City)

, Florida

32301

(Zip code)

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.


(Registered agent's signature) **Chelsey Martine**
Asst Vice President

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.

FILED
2010 SEP 12 P 4:02
DEPT OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

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

Address: _____

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

Address: _____

B. OFFICERS - see attached for complete list

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

Address: _____

Vice President: Justin Schmidt

Address: _____

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

Address: _____

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

Address: _____

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

12. _____

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.

Louis Alonso, Assistant Secretary

13. _____

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

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
JUN 12 P 4:02

725 Cool Springs Blvd. Ste. 100
Franklin, TN 37067

Peak Health Solutions, Inc.

FILED

SEP 12 P 4: 02
CLERK OF STATE
TALLAHASSEE, FLORIDA

<u>LIST OF OFFICERS</u>	<u>TITLES</u>	<u>ADDRESS</u>
Susan R. Salka	President and CEO	12400 High Bluff Drive, Suite 100, San Diego, CA 92130
Brian M. Scott	CFO and Treasurer	12400 High Bluff Drive, Suite 100, San Diego, CA 92130
Denise L. Jackson	SVP, GC and Secretary	12400 High Bluff Drive, Suite 100, San Diego, CA 92130
John Morris	President	725 Cool Springs Blvd Suite 100, Franklin, TN 37067
Justin Schmidt	SVP and Founder	725 Cool Springs Blvd Suite 100, Franklin, TN 37067
Julie R. Fletcher	Chief Talent Officer	12400 High Bluff Drive, Suite 100, San Diego, CA 92130
Louis G. Alonso	Assistant Secretary	12400 High Bluff Drive, Suite 100, San Diego, CA 92130

<u>BOARD OF DIRECTORS</u>	
Susan R. Salka	12400 High Bluff Drive, Suite 100, San Diego, CA 92130
Denise L. Jackson	12400 High Bluff Drive, Suite 100, San Diego, CA 92130

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PEAK HEALTH SOLUTIONS, INC.

FILE NUMBER: C3196103
FORMATION DATE: 04/17/2009
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 August 17, 2016.

A handwritten signature in black ink, appearing to read "Alex Padilla".

ALEX PADILLA
Secretary of State