

F170000002608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

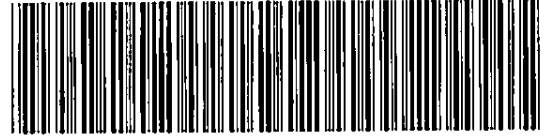
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800431404358

NIC Amend

FILED
2024 JUN 11 AM 9:45
TALLAHASSEE, FLORIDA

RECEIVED
2024 JUN 11 PM 3:41
TALLAHASSEE, FLORIDA

Certified copy not needed
Since the name was
misspelled on the original
Amendment in error.
Final copy from CA was



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/03/24

Order #: 1522923-1

Re: AMN HEALTHCARE LABOR DISTRUPTION, INC.

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$35.00 - FL State Account Number:

I200000000195

AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the word 'AUTH'.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: **Healthsource Global Staffing, Inc.**

Name of Corporation

DOCUMENT NUMBER: **F17000002608**

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Burns - Legal

Name of Contact Person

AMN Healthcare, Inc.

Firm/Company

2999 Olympus Blvd, Suite 500

Address

Dallas, Texas 75019

City/State and Zip Code

corporatesecretary@amnhealthcare.com

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

For further information concerning this matter, please call:

Rebecca Burns

Name of Contact Person

at (**214**) **210-5946**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(Pursuant to s. 607.1504, F.S.)

F17000002608

(Document number of corporation (if known))

APPLICATION FOR
JUN 11 AM 9:45
FILED

(Name of corporation as it appears on the records of the Department of State)

(Incorporated under laws of)

3

(Date authorized to do business in Florida)

AMN Healthcare Labor Disruption, Inc.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

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

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

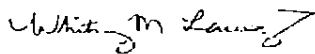
(New jurisdiction)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Whitney M. Laughlin

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

FILING FEE \$35.00