

F2000000/4621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

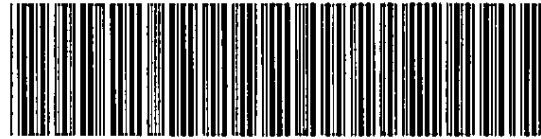
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/20--01008--014 **70.00

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2021 MAR 19 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 19 2021
TALLAHASSEE

46-2532

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMN Leadership Solutions, 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," 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:

Steven Aguirre

Name of Person

AMN Healthcare, Inc.

Firm/Company

12400 High Bluff Dr., Suite 100

Address

San Diego, CA 92130

City/State and Zip code

businesslicenses@amnhealthcare.com

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

For further information concerning this matter, please call:

Steven Aguirre

at (858) 792-0711 ext: 6589

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$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



RECEIVED

MAR 17 2020

BY: Ald B

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2020

STEVEN AGUIRRE
12400 HIGH BLUFF DR STE 100
SAN DIEGO, CA 92130

SUBJECT: AMN LEADERSHIP SOLUTIONS, INC.
Ref. Number: W20000025132

We have received your document for AMN LEADERSHIP SOLUTIONS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 420A00005061

RECEIVED

MAR 19 2020

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. AMN Leadership Solutions, 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. Delaware 3. 04-3299837
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/27/2019 5. _____
(Date of incorporation) (Date of duration, if other than 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. 12400 High Bluff Dr., Suite 100, San Diego, CA 92130
(Principal office street address)

(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, Florida 32301
(City) (Zip code)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Charlene Sati, Asst VP.

(Registered agent's signature)

02-25-2020

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.

A. DIRECTORS

☐Chairman Name: Susan R. Salka
☐Vice Chairman Address: 8840 Cypress Waters Blvd.
☒Director Suite 300, Coppell, TX 75019
☒President
☐Vice President
☐Secretary ☐Treasurer
☒Other CEO ☐Other

☐Chairman Name: Denise L. Jackson
☐Vice Chairman Address: 12400 High Bluff Dr., Suite 100
☒Director San Diego, CA 92130
☐President
☐Vice President
☒Secretary ☐Treasurer
☒Other Chief Legal Officer ☐Other

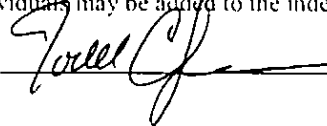
☐Chairman Name: Todd R. Champeau
☐Vice Chairman Address: 12400 High Bluff Dr., Suite 100
☐Director San Diego, CA 92130
☐President
☐Vice President
☐Secretary ☐Treasurer
☒Other Assistant Secretary ☐Other

☐Chairman Name: Brian M. Scott
☐Vice Chairman Address: 12400 High Bluff Dr., Suite 100
☐Director San Diego, CA 92130
☐President
☐Vice President
☐Secretary ☒Treasurer
☐Other ☒Other CFO

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other ☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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.

13. Todd Ryan Champeau, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AMN LEADERSHIP SOLUTIONS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AMN LEADERSHIP SOLUTIONS, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.




Jeffrey W. Bullock, Secretary of State

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SR# 20201323389

Authentication: 202428209

Date: 02-20-20