

# L07205

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

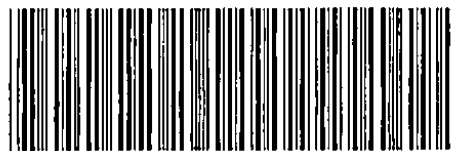
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only




4003349988

C GOLDEN  
SEP 30 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 9368977765516

AUTHORIZATION : 

COST LIMIT : \$ 35.00

-----  
ORDER DATE : September 27, 2019

ORDER TIME : 2:50 PM

ORDER NO. : 936897-015

CUSTOMER NO: 7765516  
-----

CHANGE OF AGENT

NAME: ADVANCED MEDICAL PERSONNEL  
SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Advanced Medical Personnel Services, Inc.

\_\_\_\_\_  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Timothy Hansen

\_\_\_\_\_  
Name of Contact Person

AMN Healthcare, Inc.

\_\_\_\_\_  
Firm/Company

12400 High Bluff Dr Suite 100

\_\_\_\_\_  
Address

San Diego, CA 92130

\_\_\_\_\_  
City/State and Zip Code

timothy.hansen@amnhealthcare.com

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

For further information concerning this matter, please call:

Timothy Hansen

858

314-7425

at ( \_\_\_\_\_ )

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT C  
BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th  
statement of change is submitted for a corporation organized under the laws of the State of Delaware  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Advanced Medical Personnel Services, Inc.
2. The principal office address: 5535 S Williamson Boulevard STE 774 Port Orange, FL 32128
3. The mailing address (if different): 12400 High Bluff Dr Suite 100, San Diego, CA 92130
4. Date of incorporation/qualification: 08/03/1989 Document number: L07205
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

URS AGENTS, LLC

3458 Lakeshore Drive

Tallahassee

FL 32312

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Corporation Service Company

1201 Hays Street

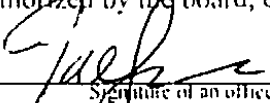
P.O. Box NOT acceptable

Tallahassee

FL 32301

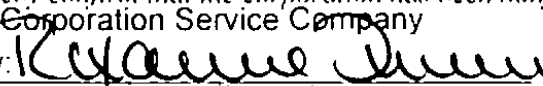
The street address of its registered office and the street address of the business office of its registered  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorizing by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Todd R. Champeau SEC  
\_\_\_\_\_  
Printed or typed name and title

*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 obligation of my position as registe  
agent. Or, if this document is being filed merely to reflect a change in the registered office address,  
hereby confirm that the corporation has been notified in writing of this change.*

Corporation Service Company  
By:   
\_\_\_\_\_  
Signature of Registered Agent

9/27/19  
\_\_\_\_\_  
Date

If signing on behalf of an entity: Roxanne Turner  
Asst. Vice President

\_\_\_\_\_  
Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)