

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000808

FILED
Mar 15, 2012
Secretary of State

Entity Name: AMN ALLIED SERVICES, LLC

Current Principal Place of Business:

5001 STATESMAN DRIVE
LEGAL DEPT.
IRVING, TX 75063

New Principal Place of Business:

Current Mailing Address:

12400 HIGH BLUFF DRIVE
LEGAL DEPT.
SAN DIEGO, CA 92130

New Mailing Address:

12400 HIGH BLUFF DRIVE
STE. 100; ATTN: LEGAL DEPT.
SAN DIEGO, CA 92130

FEI Number: 20-4069782

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MED TRAVELERS, INC.
Address: 5001 STATESMAN DRIVE, LEGAL DEPT.
City-St-Zip: IRVING, TX 75063

Title: CFO
Name: SCOTT, BRIAN
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: SEC
Name: JACKSON, DENISE L
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: PRE
Name: HENDERSON, RALPH
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: CEO
Name: SALKA, SUSAN
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: SVP
Name: JACKSON, DENISE
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DENISE L. JACKSON

SEC

03/15/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date