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### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Rx Pro Health, LLC
	Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Ann Stipica			
Name of Person			
Rx Pro Health, LLC			
Firm/Company			
12400 High Bluff Dr., Ste. 100; Attn: Legal			
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

<sub>.</sub>,858 \ 314-744

Name of Person

Area Code & Daytime Telephone Number

## **MAILING ADDRESS:**

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

## STREET ADDRESS:

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

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy



January 7, 2014

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Subject: Rx Pro Health, Inc. conversion in home state to LLC

To Whom It May Concern:

I am submitting the withdrawal for Rx Pro Health, Inc. and registering foreign LLC Rx Pro Health, LLC as the entity has converted in its home state of Colorado.

Two checks are enclosed:

- \$43.75 for the withdrawal and certified copy
- \$130 for the LLC filing and certificate of status

Please feel free to contact me at (858) 314-7443 or by email at <a href="mailto:ann.stipica@amnhealthcare.com">ann.stipica@amnhealthcare.com</a> should you have any questions. Please send evidence of this filing to my attention at:

Rx Pro Health, LLC 12400 High Bluff Dr., Ste. 100; ATTN: Legal San Diego, CA 92130

Sincerely,

Ann Stipica Paralegal

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Rx Pro Health, LLC  (Name of Foreign Limited Liability Company; must include the company).	
(If name unavailable, enter alternate name adopted for the purpos consent of the managers or managing members adopting the altern Company," "L.L.C," "LLC.")	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
<sub>2.</sub> Colorado 3	77-0597920
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
<sub>4.</sub> 12/20/13 <sub>5</sub>	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
<sub>6.</sub> n/a	20 1A
(Date first transacted business in Flo (See sections 6 <del>08:501 &amp; 608:502</del> F.S.	rida, if prior to registration.) to determine penalty liability)
7. 12400 High Bluff Dr., Ste. 100	to determine penalty liability)
San Diego, CA 92130	Ac ≥ m
——————————————————————————————————————	of Principal Office)
8. If limited liability company is a manager-managed	
9. The name and usual business addresses of the mana	aging members or managers are as follows:
Sole Member:	
AMN Healthcare Allied, Inc.	
5001 Statesman Dr., Irving, Texas 7	75063
10. Attached is an original certificate of existence, no more than 90 of the jurisdiction under the law of which it is organized. (A photocoptranslation of the certificate under oath of the translator must be sub-	
11. Nature of business or purposes to be conducted og	promoted in Florida:
any lawful act or activity for which limit	ed liability companies may be formed
Signature of a member or an aut	horized representative of a member.
(In accordance with section 608.408(3), F.S., the execupenalties of perjury that the facts stated herein are true	ation of this document constitutes an affirmation under the e. I am aware that any 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.)

Denise L. Jackson

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608-415 or 608-507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  Rx Pro Health, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	
Corporation Service Company	
(Name)	
1201 Hays St.	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Tallahassee, FL 32301 <sub>FL</sub>	
City/State/Zip	
Having been named as registered agent and to accept service of process for the above stated to	limitad

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: Lindsey Buis, Asst. Secretary

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECREDARIOS AMILOSO

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

## CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

#### Rx Pro Health, LLC

is a **Limited Liability Company** formed or registered on 05/06/2003 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20031145133.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 01/03/2014 that have been posted, and by documents delivered to this office electronically through 01/06/2014 @ 12:12:06.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 01/06/2014 @ 12:12:06 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8728386.



Secretary of State of the State of Colorado

\*\*\*\*\*\*\*\*\*\*\*\*\*\*End of Certificate\*\*\*\*

Notice: A certificate issued electromically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electromically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <a href="http://www.sos.state.co.us/biz/CertificateSearchCriteria.do">http://www.sos.state.co.us/biz/CertificateSearchCriteria.do</a> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <a href="http://www.sos.state.co.us/click Business">http://www.sos.state.co.us/click Business</a> Center and select "Frequently Asked Questions."