

M14000 007 520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

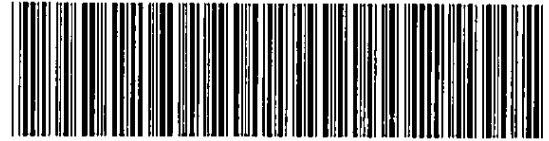
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/22/19 10:04 AM *2000

JUL 29 2019
S. YOUNG

FILED
19 JUL 22 AM 7:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MedPartners HIM, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann Stipica
Name of Person

AMN Healthcare, Inc.
Firm/Company

12400 High Bluff Dr. Ste. 100
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 at (858) 314-7443
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MedPartners HIM, LLC

Enter new principal office address, if applicable:

(Principal office address

MUST BE A STREET ADDRESS)

302 Knights Run Ave. # 1025, Tampa, FL 33602

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

12400 HIGH BLUFF DR., #100, SAN DIEGO, CO 92130

2. The Florida document number of this limited liability company is: M14000007520

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 10/16/14

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: AMN Workforce Solutions, LLC

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Sole Member/Manager: AMN Healthcare, Inc.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Mem/Mgr</u>	<u>AMN Healthcare, Inc.</u>	<u>12400 High Bluff Dr. Ste. 100, San Diego, CA 92130</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>DIR</u>	<u>Susan R. Salka</u>	<u>8840 Cypress Waters #300, Coppell, TX 75019</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u>DIR</u>	<u>Denise Jackson</u>	<u>12400 High Bluff Dr. Ste. 100, San Diego, CA 92130</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Denise Jackson

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"PEAK PROVIDER SOLUTIONS, INC.", A DELAWARE CORPORATION,
WITH AND INTO "MEDPARTNERS HIM, LLC" UNDER THE NAME OF "AMN
WORKFORCE SOLUTIONS, LLC", A LIMITED LIABILITY COMPANY ORGANIZED
AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS
RECEIVED AND FILED IN THIS OFFICE ON THE TWENTY-FIFTH DAY OF
JUNE, A.D. 2019, AT 5:11 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF
THE AFORESAID CERTIFICATE OF MERGER IS THE FIRST DAY OF JULY,
A.D. 2019.

A FILED COPY OF THIS CERTIFICATE HAS BEEN FORWARDED TO THE
NEW CASTLE COUNTY RECORDER OF DEEDS.




Jeffrey W. Bullock, Secretary of State

State of Delaware
Secretary of State
Division of Corporations
Delivered 05:10 PM 06/25/2019
FILED 05:11 PM 06/25/2019

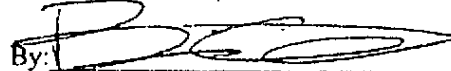
Certificate of Merger

SR 20195657049 - File Number 5612051 4(c) of the Delaware General Corporation Law and Section 18-209 of the Delaware Limited Liability Company Act, the undersigned limited liability company executed the following Certificate of Merger:

1. The name of each constituent company is MedPartners HIM, LLC, a Delaware limited liability company and Peak Provider Solutions, Inc., a Delaware corporation.
2. The Agreement and Plan of Merger has been approved, adopted, certified, executed and acknowledged by each of the constituent companies.
3. The name of the surviving company is MedPartners HIM, LLC, a Delaware limited liability company.
4. The Certificate of Formation of the surviving company shall be amended as follows:
 1. The name of the limited liability company is AMN Workforce Solutions, LLC.
5. The merger is to become effective on July 1, 2019.
6. The Agreement of Merger is on file at 302 Knights Run Avenue, Suite 1025 Tampa, FL 33602, the place of business of the surviving company.
7. A copy of the Agreement of Merger will be furnished by the surviving company on request, without cost, to any stockholder or member of the constituent companies.

IN WITNESS WHEREOF, the surviving company has caused this certificate to be signed by an authorized officer the 25th of June, 2019.

MedPartners HIM, LLC

By: 

Name: Brian M. Scott

Title: Chief Financial Officer and Treasurer