

m 1500005889

(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



300274275303

07/23/15--01021--002 \*\*130.00

FILED  
15 JUL 23 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For  
LC

JUL 27 2015

R. WHITE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Onward Healthcare, 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

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

858

314-7443

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

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Onward Healthcare, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Delaware 3. 04-3656142  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 12400 High Bluff Dr., Ste. 100  
San Diego, CA 92130  
(Street Address of Principal Office)

6. 12400 High Bluff Dr., Ste. 100; Attn: Legal  
San Diego, CA 92130  
(Mailing Address)

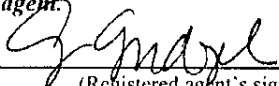
7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays St.  
Tallahassee, Florida 32301  
(City) (Zip code)

FILED  
15 JUL 23 AM 9:39  
TALLAHASSEE, FLORIDA

**Registered agent's acceptance:**

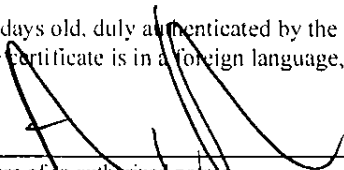
*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Denise L Jackson, SVP, GC and Secretary of Member, AMN Healthcare, Inc.  
12400 High Bluff Dr., Ste. 100; Attn: Legal  
San Diego, CA 92130

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

  
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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  
Typed or printed name of signer

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A DELAWARE CORPORATION UNDER THE NAME OF "ONWARD HEALTHCARE, INC." TO A DELAWARE LIMITED LIABILITY COMPANY, CHANGING ITS NAME FROM "ONWARD HEALTHCARE, INC." TO "ONWARD HEALTHCARE, LLC", FILED IN THIS OFFICE ON THE FIFTEENTH DAY OF JUNE, A.D. 2015, AT 1:25 O'CLOCK P.M.

3529604 8100V

150920805

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2465231

DATE: 06-15-15



July 16, 2015

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

Subject: Onward Healthcare, Inc. conversion in home state to LLC

To Whom It May Concern:

I am submitting the withdrawal for Onward Healthcare, Inc. and registering Onward Healthcare LLC, as the entity has converted in its home state of Delaware.

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 [ann.stipica@amnhealthcare.com](mailto:ann.stipica@amnhealthcare.com) should you have any questions. Please send evidence of this filing to my attention at:

Onward Healthcare LLC  
12400 High Bluff Dr., Ste. 100; ATTN: Legal  
San Diego, CA 92130

Sincerely,

A handwritten signature in black ink, appearing to read 'Ann Stipica', written over a horizontal line.

Ann Stipica  
Paralegal