

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36594 (0)

1. Corporation Name  
AMN HEALTHCARE, INC.

Principal Place of Business  
12730 HIGH BLUFF DR., STE. 400  
SAN DIEGO CA 92130

Mailing Address  
12730 HIGH BLUFF DR., STE. 400  
SAN DIEGO CA 92130



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/11/1991	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 88-0208006	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

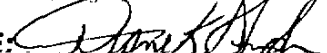
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title of applicant) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANCIS, STEVEN C.		1.2 NAME		
STREET ADDRESS	12730 HIGH BLUFF DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		1.4 CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FRANCIS, GAYLE A.		2.2 NAME	D Conroy, James	
STREET ADDRESS	12730 HIGH BLUFF DR.		2.3 STREET ADDRESS	Metro Center, One Station Place	
CITY-ST-ZIP	SAN DIEGO CA		2.4 CITY-ST-ZIP	Stamford, CT 06902	
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STUMPH, DIANE K		3.2 NAME		
STREET ADDRESS	12730 HIGH BLUFF DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		3.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FALLER, MARCIA		4.2 NAME		
STREET ADDRESS	12730 HIGH BLUFF DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		4.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SUTTON, SUNNY		5.2 NAME		
STREET ADDRESS	12730 HIGH BLUFF DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN DIEGO CA		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	D Cardenas, L. David	
STREET ADDRESS			6.3 STREET ADDRESS	Metro Center, One Station Place	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Stamford, CT 06902	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  Diane K. Stumph 4/11/98

CR2E034 (10/97)