

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90035 046 ***158.75

DOCUMENT # P36594

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

3. Date Incorporated or Qualified

12/11/1991

4. FEI Number

88-0208006

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 12235 El Camino Real

Suite, Apt. #, etc.

22 # 200

City & State

23 San Diego CA

Zip

24 92130

25 San Diego

2a. Mailing Address

26 12235 El Camino Real

Suite, Apt. #, etc.

27 # 200

City & State

28 San Diego, CA

Zip

29 92130

30 San Diego

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

FL

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME FRANCIS, STEVEN C.

STREET ADDRESS 12730 HIGH BLUFF DR.

CITY-ST-ZIP SAN DIEGO CA

TITLE DS ☒ DELETE

NAME FRANCIS, GAYLE A.

STREET ADDRESS 12730 HIGH BLUFF DR.

CITY-ST-ZIP SAN DIEGO CA

TITLE VP ☐ DELETE

NAME STUMPH, DIANE K

STREET ADDRESS 12730 HIGH BLUFF DR.

CITY-ST-ZIP SAN DIEGO CA

TITLE VP ☐ DELETE

NAME FALLER, MARCIA

STREET ADDRESS 12730 HIGH BLUFF DR.

CITY-ST-ZIP SAN DIEGO CA

TITLE VP ☐ DELETE

NAME SUTTON, SUNNY

STREET ADDRESS 12730 HIGH BLUFF DR.

CITY-ST-ZIP SAN DIEGO CA

TITLE D ☐ DELETE

NAME CONROY, JAMES

STREET ADDRESS METRO CENTER, ONE STATION PLACE

CITY-ST-ZIP STAMFORD CT 06902

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

12235 El Camino Real, Suite 200

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

12235 El Camino Real, Suite 200

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

12235 El Camino Real, Suite 200

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

12235 El Camino Real, Suite 200

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

12235 El Camino Real, Suite 200

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D Cardenas, L. David
Metro Center, One Station Place
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

Date

(619) 792-0711

Daytime Phone #

CR2E034 (11/98)