

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36594

Entity Name: AMN HEALTHCARE, INC.

FILED
Jan 06, 2011
Secretary of State

Current Principal Place of Business:

12400 HIGH BLUFF DRIVE
ATTN: LEGAL DEPT
SAN DIEGO, CA 92130 US

New Principal Place of Business:

Current Mailing Address:

12400 HIGH BLUFF DRIVE
ATTN: LEGAL DEPT
SAN DIEGO, CA 92130 US

New Mailing Address:

FEI Number: 88-0208006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: SALKA, SUSAN R
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: EVP
Name: FALLER, MARCIA R
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: D
Name: SALKA, SUSAN R
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: SVP
Name: MACHADO, BETH L
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: SEC
Name: JACKSON, DENISE L
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

Title: CFO
Name: BAILEY, BARY
Address: 12400 HIGH BLUFF DRIVE
City-St-Zip: SAN DIEGO, CA 92130

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DENISE L. JACKSON

SEC

01/06/2011

Electronic Signature of Signing Officer or Director

Date