

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000000767

Entity Name: NURSEFINDERS, LLC**Current Principal Place of Business:**12400 HIGH BLUFF DRIVE, SUITE 100
SAN DIEGO, CA 92130**Current Mailing Address:**12400 HIGH BLUFF DRIVE, SUITE 100
SAN DIEGO, CA 92130 US**FEI Number:** 75-1473273**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Authorized Person(s) Detail :**

Title	MEMBER
Name	AMN HEALTHCARE, INC.
Address	12400 HIGH BLUFF DRIVE, SUITE 100
City-State-Zip:	SAN DIEGO CA 92130

Title	CEO
Name	SALKA, SUSAN R.
Address	8840 CYPRESS WATERS BLVD STE. 300
City-State-Zip:	COPPELL TX 75019

Title	CHIEF LEGAL OFFICER AND CORPORATE SECRETARY
Name	JACKSON, DENISE L.
Address	12400 HIGH BLUFF DRIVE SUITE 100
City-State-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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD R. CHAMPEAU**ASSISTANT SECRETARY** 04/29/2021_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date