

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000767

**Entity Name:** NURSEFINDERS, LLC**Current Principal Place of Business:**2999 OLYMPUS BLVD  
SUITE 500  
DALLAS, TX 75019**Current Mailing Address:**12400 HIGH BLUFF DRIVE  
SUITE 500  
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 2999 OLYMPUS BLVD  
SUITE 500  
City-State-Zip: DALLAS TX 75019

Title CEO  
Name GRACE, CARY  
Address 2999 OLYMPUS BLVD  
SUITE 500  
City-State-Zip: DALLAS TX 75019

Title CHIEF LEGAL OFFICER AND  
CORPORATE SECRETARY  
Name JACKSON, DENISE L.  
Address 2999 OLYMPUS BLVD  
SUITE 500  
City-State-Zip: DALLAS TX 75019

Title CFO, TREASURER  
Name KNUDSON, JEFFREY R.  
Address 2999 OLYMPUS BLVD  
SUITE 500  
City-State-Zip: DALLAS TX 75019

*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:** DENISE L. JACKSON**SECRETARY****04/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date