

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000767

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: DENISE L. JACKSON

SECRETARY

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date