

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P36594

Entity Name: AMN HEALTHCARE, INC.**Current Principal Place of Business:**12400 HIGH BLUFF DRIVE
ATTN: LEGAL DEPT
SAN DIEGO, CA 92130**Current Mailing Address:**12400 HIGH BLUFF DRIVE
ATTN: LEGAL DEPT
SAN DIEGO, CA 92130 US**FEI Number:** 88-0208006**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**Officer/Director Detail :**

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

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

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

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

Title	CFO
Name	SCOTT, BRIAN
Address	12400 HIGH BLUFF DRIVE
City-State-Zip:	SAN DIEGO CA 92130

Title	PRESIDENT
Name	HENDERSON, RALPH
Address	12400 HIGH BLUFF DRIVE ATTN: LEGAL DEPT
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 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**SECRETARY****01/16/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date