

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P36594

**Entity Name:** AMN HEALTHCARE, INC.**Current Principal Place of Business:**2999 OLYMPUS BLVD.  
SUITE 500  
DALLAS, TX 75019**Current Mailing Address:**12400 HIGH BLUFF DRIVE  
STE 500  
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, PRESIDENT, DIRECTOR
Name	GRACE, CARY
Address	2999 OLYMPUS BLVD. SUITE 500
City-State-Zip:	DALLAS TX 75019

Title	CHIEF LEGAL OFFICER, CORPORATE SECRETARY
Name	LAUGHLIN, WHITNEY M.
Address	2999 OLYMPUS BLVD, SUITE 500
City-State-Zip:	DALLAS TX 75019

Title	TREASURER, DIRECTOR
Name	SCOTT, BRIAN M
Address	12400 HIGH BLUFF DRIVE STE 500
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:** WHITNEY M. LAUGHLIN**CORPORATE  
SECRETARY****02/17/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date