

2023 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
Name GRACE, CARY
Address 2999 OLYMPUS BLVD
SUITE 500
City-State-Zip: DALLAS TX 75019

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

Title CHIEF CLINICAL OFFICER
Name EDMONSON, JAMES COLE
Address 2999 OLYMPUS BLVD
SUITE 500
City-State-Zip: DALLAS TX 75019

Title GROUP PRESIDENT AND CHIEF
OPERATIONS OFFICER, STRATEGIC
TALENT SOLUTIONS
Name RAKOWSKI, KELLY E.
Address 2999 OLYMPUS BLVD
SUITE 500
City-State-Zip: DALLAS TX 75019

Title CHIEF LEGAL OFFICER, SECRETARY,
DIRECTOR
Name JACKSON, DENISE L
Address 12400 HIGH BLUFF DRIVE
STE 500
City-State-Zip: SAN DIEGO CA 92130

Title CHIEF INFORMATION OFFICER
Name HAGAN, MARK C.
Address 12400 HIGH BLUFF DRIVE
STE 500
City-State-Zip: SAN DIEGO CA 92130

Title GROUP PRESIDENT, AND CHIEF
OPERATIONS OFFICER, NURSING
AND ALLIED SOLUTIONS
Name SEEDIG, LANDRY E.
Address 12400 HIGH BLUFF DRIVE
STE 500
City-State-Zip: SAN DIEGO CA 92130

Title HEAD OF TAX
Name HEALEY, MICHAEL
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: DENISE L. JACKSON**CORPORATE
SECRETARY****04/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date