



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2012**

**1. Corporate ID No. 000095506**

**2. Name of Corporation AMN HEALTHCARE, INC.**

**3. Street Address Principal Business Office:**

No. and Street: 12400 HIGH BLUFF DRIVE

City or Town: SAN DIEGO

State: CA Zip: 92130 Country: USA

**4. Business Phone No.**

8587920711

**5. State of Incorporation**

State: NV

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO RECRUIT AND PLACE HEALTHCARE PROFESSIONALS IN TEMPORARY  
ASSIGNMENTS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	DENISE L. JACKSON	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
CFO	BRIAN SCOTT	12400 HIGH BLUFF DR. SAN DIEGO, CA 92130 USA
VICE PRESIDENT	BRUCE R. CAROTHERS	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
PRESIDENT	SUSAN R NOWAKOWSKI	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
VICE PRESIDENT	JULIE FLETCHER	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
NURSE STAFFING	RALPH HENDERSON	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
CHIEF CLINICAL OFFICER	MARCIA FALLER	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
VICE PRESIDENT	BETH L. MACHADO	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.01	2,500,000.00	34714

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 20 Day of February, 2012 at 2:03:29 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.**

By DENISE L. JACKSON  
Signature of Authorized Representative of the Corporation

SECRETARY  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

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