



**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: 2014

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
STE. 100

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
PRESIDENT	SUSAN R SALKA	12400 HIGH BLUFF DRIVE SAN DIEGO, CA 92130 USA
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	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	MICHAEL HEALEY	12400 HIGH BLUFF DR STE 100 SAN DIEGO, CA 92130 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	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 19 Day of February, 2014 at 11:16:20 AM. *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.

Form No. 630
Revised 09/07

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