

Filing Fee: \$50.00

ID Number: 0095506



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

FICTITIOUS BUSINESS NAME STATEMENT
(To be Filed in Duplicate)

Pursuant to the provisions of Chapter 7-1.1-7.1 or 7-16-9 of the General Laws, 1956, as amended, the undersigned corporation or limited liability company hereby submits the following statement for authority to transact business in the State of Rhode Island under a fictitious name:

1. The fictitious business name to be used is American Mobile Healthcare
2. The legal name of the applicant corporation or limited liability company is AMN Healthcare, Inc.
3. The state or territory under the laws of which it is incorporated or organized is Nevada
4. The date of incorporation or organization is March 21, 1985
5. The address of the registered office within Rhode Island is c/o C T Corporation System, 123 Dyer Street, Providence, RI 02903
6. If a corporation, the business in which it is engaged Recruit and place healthcare professionals in temporary assignments.
7. Applicant is otherwise authorized to do business in the State of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Dated January 19, 19 99

Amn Healthcare Inc.
(Name of Applicant Corporation or Limited Liability Company)

By Steven C. Francis / President
(Signature of Officer for the Corporation) (Title)
Steven C. Francis or

By _____
(Authorized Person for the Limited Liability Company)

FILED
MAR 29 1999
By MD 221048
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