State of Rhode Island
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: 2021

1. Corporate ID No. 000095506

2. Name of Corporation AMN HEALTHCARE, INC.

3. Street Address Principal Business Office:

No. and Street: 12400 HIGH BLUFF DR
SUITE 100
City or Town: SAN DIEGO State: CA Zip: 92130 Country: USA

4. Business Phone No.

5. State of Incorporation

State: NV

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

561320

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 DR SUITE 100

		SAN DIEGO, CA 92130 USA
CEO	SUSAN R. SALKA	8840 CYPRESS WATERS BLVD SUITE 300 COPPELL, TX 75019 USA
CFO	BRIAN M SCOTT	12400 HIGH BLUFF DR SUITE 100 SAN DIEGO, CA 92130 USA
ASSISTANT SECRETARY	TODD R. CHAMPEAU	12400 HIGH BLUFF DR SUITE 100 SAN DIEGO, CA 92130 USA
DIRECTOR	DENISE L JACKSON	12400 HIGH BLUFF DR SUITE 100 SAN DIEGO, CA 92130 USA
DIRECTOR	SUSAN R SALKA	8840 CYPRESS WATERS BLVD SUITE 300 COPPELL, TX 75019 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		$0.0100	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 1 Day of March, 2021 at 4:52:01 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 TODD R. CHAMPEAU
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07