

Commonwealth of Kentucky
Michael G. Adams, Secretary of State

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Michael G. Adams
KY Secretary of State
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Michael G. Adams
Secretary of State
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Frankfort, KY 40602-0718
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<http://www.sos.ky.gov>

Certificate of Authority

FBE

Pursuant to the provisions of KRS 14A.9 - 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements.

1. The business entity is a **limited liability company**.
2. The name of the entity is: **DRWANTED.COM LLC**
3. The state or country whose law the entity is organized is **Delaware**.
4. The date of organization is **7/14/2011** and the period of duration is **perpetual**.
This Filing is Effective on Wednesday, February 14, 2024
5. This entity is managed by Managers

6. Principal Office

12400 High Bluff Drive, Ste. 500
San Diego, CA 92130

7. Required Representatives

Member	AMN Healthcare, Inc.	2999 Olympus Blvd., Ste. 500	Dallas	TX	75019
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8. Registered Agent/Office

Corporation Service Company
421 West Main Street
Frankfort, KY 40601

I, **Deanne Schauseil, Assistant Secretary on behalf of Corporation Service Company**, consent to sign for **Corporation Service Company** who serves as the **Registered Agent** on behalf of this Entity.
on Wednesday, February 14, 2024

As the Authorized Representative, I, **Douglas J. Nix**, declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct. Title: **Assistant Secretary of AMN Healthcare, Inc., Member**