

12-10-1999



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U.S. Department of Commerce
Patent and Trademark Office
TRADEMARK

MMY
12.3.99

RECORDATION FORM COVER SHEET TRADEMARKS ONLY

TO: The Commissioner of Patents and Trademarks: Please record the attached original document(s) or copy(ies).

Submission Type

- New
- Resubmission (Non-Recordation)
Document ID #
- Correction of PTO Error
Reel # Frame #
- Corrective Document
Reel # Frame #

Conveyance Type

- Assignment License
- Security Agreement Nunc Pro Tunc Assignment
- Merger
- Change of Name
- Other

Effective Date
Month Day Year
04 / 05 / 96

Conveying Party

Mark if additional names of conveying parties attached

Execution Date
Month Day Year
03-28-96

Name:

Formerly

- Individual General Partnership Limited Partnership Corporation Association
- Other
- Citizenship/State of Incorporation/Organization

Receiving Party

Mark if additional names of receiving parties attached

Name

DBA/AKA/TA

Composed of

Address (line 1)

Address (line 2)

Address (line 3)

- Individual General Partnership Limited Partnership Association
- Corporation
- Other
- Citizenship/State of Incorporation/Organization

If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative should be attached. (Designation must be a separate document from Assignment.)

12/09/1999 DNGUYEN 10000278 500706 143320E

FOR OFFICE USE ONLY

01 FC:481 41.00 CH

Public burden reporting for this collection of information is estimated to average approximately 30 minutes per Cover Sheet to be recorded, including time for reviewing the document and gathering the data needed to complete the Cover Sheet. Send comments regarding this burden estimate to the U.S. Patent and Trademark Office, Chief Information Officer, Washington, D.C. 20231 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Paperwork Reduction Project (0651-0027), Washington, D.C. 20503. See OMB Information Collection Budget Package 0651-0027, Patent and Trademark Assignment Practice. DO NOT SEND REQUESTS TO RECORD ASSIGNMENT DOCUMENTS TO THIS ADDRESS.

Mail documents to be recorded with required cover sheet(s) information to:
Commissioner of Patents and Trademarks, Box Assignments, Washington, D.C. 20231

TRADEMARK
REEL: 001997 FRAME: 0703

Domestic Representative Name and Address

Enter for the first Receiving Party only.

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Correspondent Name and Address

Area Code and Telephone Number

Name

Address (line 1)

Address (line 2)

Address (line 3)

Address (line 4)

Pages Enter the total number of pages of the attached conveyance document including any attachments. #

Trademark Application Number(s) or Registration Number(s) Mark if additional numbers attached
 Enter either the Trademark Application Number or the Registration Number (DO NOT ENTER BOTH numbers for the same property).

Trademark Application Number(s)			Registration Number(s)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="1433205"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Properties Enter the total number of properties involved. #

Fee Amount Fee Amount for Properties Listed (37 CFR 3.41): \$

Method of Payment: Enclosed Deposit Account

Deposit Account
(Enter for payment by deposit account or if additional fees can be charged to the account.)
Deposit Account Number: #

Authorization to charge additional fees: Yes No

Statement and Signature

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

Name of Person Signing Signature Date Signed

SENT BY:LS&C COPY CENTER

7023838845
; 3-27-96 ; 10:41 ;

Lionel Sawyer→

800 282 0328:K 4

I-91893
Cmm

OFFICE OF
SECRETARY OF STATE OF
STATE OF NEVADA

APR 5 1996

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

OF

AMERICAN MOBILE HEALTHCARE, INC.

NO 1883-85

AMT

The undersigned, being the President and Secretary of AMERICAN MOBILE HEALTHCARE, INC., a Nevada corporation, do hereby certify as follows:

1. That on March 28, 1996, the Directors of the corporation, by unanimous consent adopted and consented to the adoption of resolutions setting forth proposed amendments to the Articles of Incorporation of the corporation, as hereinafter set forth, declaring the advisability thereof, and calling a meeting of the shareholders for the purpose of considering and voting upon the proposed amendments.

2. Said resolution called for the following amendments to said Articles of Incorporation:

ARTICLE 1, thereof is amended to read in its entirety:

ARTICLE 1

NAME

The name of the corporation shall be:

AMN HEALTHCARE, INC.

3. That on March 28, 1996, the shareholders of the corporation, (with notice and written consent given pursuant to Section 78.320 of the Nevada Revised Statutes), adopted and consented to the adoption of a resolution setting forth the proposed amendments to the Articles of Incorporation as hereinabove set forth.

4. That the Articles of Incorporation of American Mobile Healthcare, Inc. are hereby amended as set forth above and the undersigned make this certificate pursuant to Sections 78.385 and

CLC/0430-001/
03:796/C-1-1

TRADEMARK
REEL: 001997 FRAME: 0705

SENT BY:LS&C COPY CENTER

7023838845
: 3-27-96 : 16:42 ;

Lionel Sawyer

78.390 of the Nevada Revised Statutes.

DATED: 3/28, 1996.


STEVEN C. FRANCIS, President &

STATE OF NEVADA

COUNTY OF CLARK


This instrument was acknowledged before me on _____
1996 by Steven C. Francis.

See Attache
NOTARY PUBLIC

My commission expires: _____

CLE/0430-001/
032796/C-1-1

282 0328: # 5


Secretary

Acknowledgment

RECEIVED

APR 5 1996

Secretary of State

TRADEMARK

REEL: 001997 FRAME: 0707

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

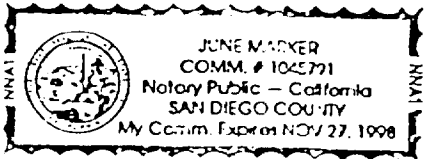
State of California

County of San Diego

On April 4th 1996 before me, June Marker Notary Public

personally appeared Steven C Francis & Gayle A Francis
Name and Title of Officer (e.g. "Jane Doe, Notary Public")
Name(s) of Signer(s)

personally known to me -- OR -- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the pe' son(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

June Marker
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document Certificate of Amendment of Inc.

Document Date: 3/28/96 Number of Pages: _____

Signer(s) Other Than Named Above: none

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

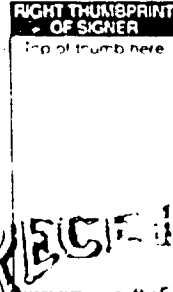
- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

Signer's Name: _____

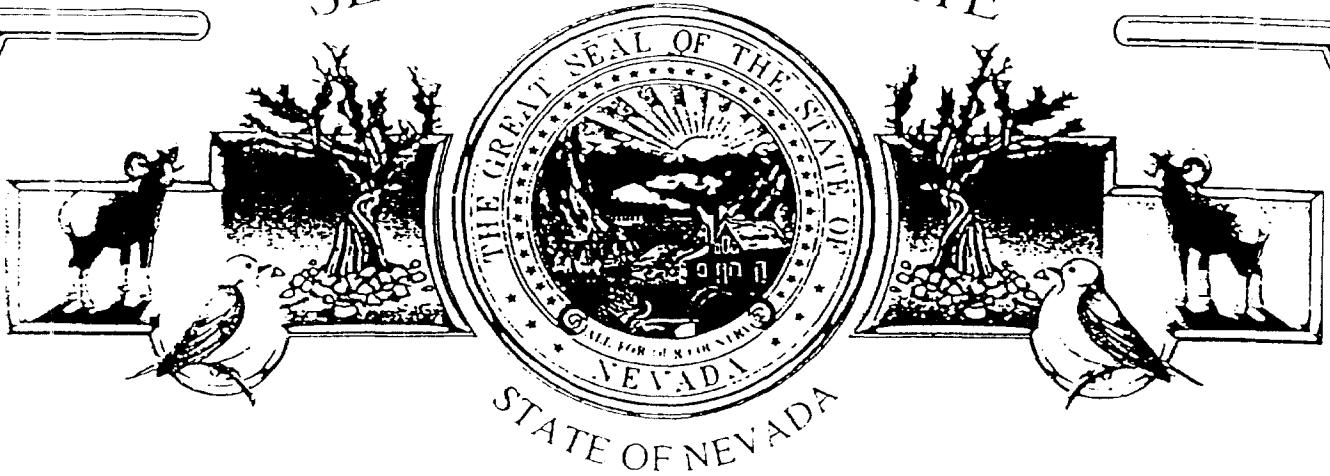
- Individual
- Corporate Officer
- Title(s): _____
- Partner — Limited General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: _____



Signer Is Representing: _____

RECEIVED
APR 05 1996

SECRETARY OF STATE



CERTIFICATE OF NAME CHANGE

I, CHERYL A. LAU, the duly qualified and elected Secretary of State of the State of Nevada, do hereby certify that on March 28, 1994 there was filed in this office by **AMERICAN MOBILE NURSES, INC.** a Certificate of Amendment to its Articles of Incorporation changing the corporate name to **AMERICAN MOBILE HEALTHCARE, INC.** said change of name has been made in accordance with the Laws of the State of Nevada; said Certificate of amendment being now on file and of record in this office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, this 23rd day of May, 1994.



Secretary of State

By

Deputy

FILED
IN THE OFFICE OF THE
SECRETARY OF STATE OF
STATE OF NEVADA

Inv.# 53001

MAR 28 1994

E 62620 DF

OF

AMERICAN MOBILE NURSES, INC.

CEYL A. LAW SECRETARY OF STATE

No. 1883-85

The undersigned, being the President and Secretary of AMERICAN MOBILE NURSES, INC., a Nevada corporation, does hereby certify as follows:

1. That on March 21, 1994, the Directors of the corporation, by unanimous consent, adopted and consented to the adoption of a resolution setting forth a proposed amendment to the Articles of Incorporation of the corporation, as hereinafter set forth, declaring the advisability thereof, and calling a meeting of the shareholder for the purpose of considering and voting upon the proposed amendment.

2. Said resolution called for the following amendment to said Articles of Incorporation:

ARTICLE 1 thereof is amended to read, in its entirety:

ARTICLE 1

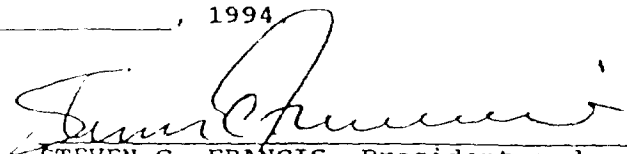
NAME

The name of the corporation is: AMERICAN MOBILE HEALTHCARE, INC.

3. That on March 21, 1994, the sole shareholder of the corporation, by consent with notice and written consent given pursuant to Section 78.320, adopted and consented to the adoption of a resolution setting forth the proposed amendment to the Articles of Incorporation as hereinabove set forth.

4. That the Articles of Incorporation of AMERICAN MOBILE NURSES, INC. are hereby amended as set forth above and the undersigned makes this certificate pursuant to Sections 78.385 and 78.390 of the Nevada Revised Statutes.

DATED: March 22, 1994


STEVEN C. FRANCIS, President and Secretary

RAB/00430-0001
031594/021/1

MAR 28 1994

TRADEMARK
REEL: 001997 FRAME: 0710

STATE OF _____

COUNTY OF _____

This instrument was acknowledged before me on _____,
1994 by Steven C. Francis as President and Secretary of American
Mobile Nurses, Inc.

NOTARY PUBLIC

My Commission expires: _____.

SEE ATTACHMENT FOR
OFFICIAL NOTARIZATION

MM- 3/22/94

RECEIVED

MAR 28 1994

G. B. WICK
NOTARY PUBLIC

RAB/00430-0001
031594/021/1

2

TRADEMARK

REEL: 001997 FRAME: 0711

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5193

State of California
County of San Diego
On 3/22/94 before me, Noble W. Minor II
DATE NAME, TITLE OF OFFICER - E.G. "JOHN DOE, NOTARY PUBLIC"
personally appeared Steven C. Francis
NAME(S) OF SIGNER(S)

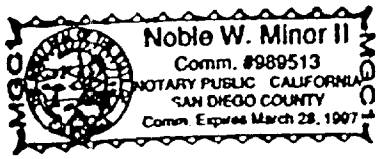
OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
President/Secretary
TITLE(S)
- PARTNER(S) LIMITED GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: _____

personally known to me - OR - proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Noble W. Minor II
SIGNATURE OF NOTARY

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(ES)
American Mobile Nurses, etc.

OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT

TITLE OR TYPE OF DOCUMENT Amendment of Articles of Inc.
NUMBER OF PAGES 2 DATE OF DOCUMENT March 22, 1994

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

SIGNER(S) OTHER THAN NAMED ABOVE _____