

# AMENDED ANNUAL REPORT



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**E-FILED**  
Sep 20, 2017  
OREGON SECRETARY OF STATE

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**REGISTRY NUMBER**

105586291

**REGISTRATION DATE**

10/22/2014

**BUSINESS NAME**

EMERALD CITY MEDICAL STAFFING, INC.

**BUSINESS ACTIVITY**

MEDICAL STAFFING AGENCY

**MAILING ADDRESS**

6240 TACOMA MALL BLVD SUITE 315  
TACOMA WA 98409 USA

**TYPE**

FOREIGN BUSINESS CORPORATION

**PRIMARY PLACE OF BUSINESS**

6240 TACOMA MALL BLVD SUITE 315  
TACOMA WA 98409 USA

**JURISDICTION**

WASHINGTON

**REGISTERED AGENT**

JENNIFER MINKS

1001 SW 5TH AVE SUITE 1100  
PORTLAND OR 97204 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

**PRESIDENT**

JENNIFER MINKS

6240 TACOMA MALL BLVD SUITE 315  
TACOMA WA 98409 USA

**SECRETARY**

MARIO MINKS

6240 TACOMA MALL BLVD SUITE 315  
TACOMA WA 98409 USA



By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

**ELECTRONIC SIGNATURE**

**NAME**

JENNIFER MINKS

**TITLE**

PRESIDENT

**DATE SIGNED**

09-20-2017