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TALLAHASSEE, FLORIDA

cd. 1-22



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 714739 7271672

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : January 16, 2007

ORDER TIME : 3:41 PM

ORDER NO. : 714739-005

CUSTOMER NO: 7271672

FOREIGN FILINGS

NAME: DIAMOND HEALTHCARE STAFFING,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2007

CSC/JEANINE REYNOLDS

SUBJECT: DIAMOND HEALTHCARE STAFFING, INC.
Ref. Number: W07000002473

We have received your document for DIAMOND HEALTHCARE STAFFING, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 107A00003777

RESUBMIT

Please give original
submission date as file date.



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 714739 7271672

AUTHORIZATION :

COST LIMIT : \$1220.00

ORDER DATE : January 16, 2007

ORDER TIME : 3:41 PM

ORDER NO. : 714739-005

CUSTOMER NO: 7271672

FOREIGN FILINGS

NAME: DIAMOND HEALTHCARE STAFFING,
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

EXAMINER: _____

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Diamond Healthcare Staffing, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevada 3. 20-4671077

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. April 7, 2006 5. Perpetual

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. August 1, 2006 - see attached explanation

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 645 Kolter Dr., Indiana, PA 15701

(Principal office address)

645 Kolter Dr., Indiana, PA 15701

(Current mailing address)

8. Management company; supply professional services to businesses

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Corporation Service Company

Office Address:

1201 Hays Street

Tallahassee

(City)

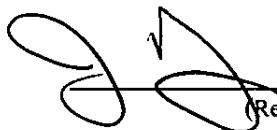
, Florida 32301

(Zip code)

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TALLAHASSEE, FLORIDA

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



**Jeanine Reynolds
as its agent**

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Mark J. Zilner

Address: 645 Kolter Dr.
Indiana, PA 15701

Vice Chairman: _____

Address: _____

Director: Joan R. Zilner

Address: 645 Kolter Dr.
Indiana, PA 15701

Director: Gilbert J. Zilner

Address: 645 Kolter Dr.
Indiana, PA 15701

B. OFFICERS

President: Joan R. Zilner

Address: 645 Kolter Dr.
Indiana, PA 15701

Vice President: Gilbert J. Zilner

Address: 645 Kolter Dr.
Indiana, PA 15701

Secretary: Mark J. Zilner

Address: 645 Kolter Dr., Indiana, PA 15701

Treasurer: Mark J. Zilner

Address: 645 Kolter Dr., Indiana, PA 15701

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. J. Joan R. Zilner Pres
(Signature of Director or Officer listed in number 12 of the application)

14. Joan R. Zilner, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA



PHARMACY SERVICES

645 KOLTER DRIVE • COMMERCE PARK • INDIANA, PA 15701-3570
PHONE: 724 .349 .1111 FAX: 724 .349 .2945

Addendum to Application By Foreign Corporation Authorization to Transact Business In Florida

Item 12 – Directors and Officers

Chief Financial Officer: LouAnn C. Bowser

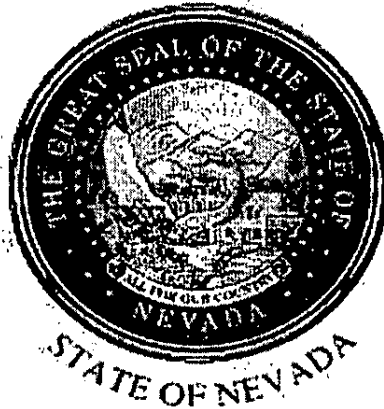
Address: 645 Kolter Drive
Indiana, PA 15701

**Addendum to Application by Foreign Corporation
Authorization to Transact Business in Florida**

Item 6 Clarification

We have one (1) employee in Florida. His primary job is sales. He solicits orders that require acceptance by the parent company prior to becoming contracts. Therefore we believe that we were not transacting business prior to date of registration under Title XXXVI, Chapter 607, Subsection 607.1501 (2) (f)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **DIAMOND HEALTHCARE STAFFING INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since April 7, 2006, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 18, 2006.



A handwritten signature in cursive script that reads "Dean Heller".

DEAN HELLER
Secretary of State

Electronic Certificate
Certificate Number: C20061218-0271
You may verify this electronic certificate
online at <http://secretaryofstate.biz/>