

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED

2007 FEB 13 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

400089579754
02/27/07--01017--006 **300.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000141997 1. Entity Name EXCELSIOR MEDICAL STAFFING, INC.	
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 865 Mason Avenue Suite, Apt. #, etc.	3. Mailing Address The same Suite, Apt. #, etc.
City & State Daytona Beach, Florida	City & State
Zip 32114	Country

4. FEI Number 14-194 Dld02	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	Danielle L. Jackson
	Street Address (P.O. Box Number is Not Acceptable)	
	905 Redwood Street	
	City	Daytona Beach
	FL	Zip Code 32117

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Danielle L. Jackson 2/5/07 DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD Danielle L. Jackson 905 Redwood Street Daytona Beach, Florida 32117	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Danielle L. Jackson 2/5/07 DATE

CR2E034B (12/02)

02. Williams FEB 13 2007

**AFFIDAVIT IN SUPPORT OF REQUEST TO
WAIVE THE FLORIDA DEPARTMENT OF STATE
CORPORATE REINSTATEMENT FEES**

STATE OF FLORIDA)
)
COUNTY OF VOLUSIA)

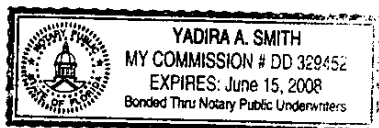
1. Danielle L. Jackson is the Chief Executive Officer of EXCELSIOR MEDICAL STAFFING, INC., a Florida corporation, (hereinafter "Corporation").
2. That the Corporation was administratively dissolved by the Florida Department of State on September 15, 2006.
3. That the Corporation failed to file its 2006 and 2007 Annual Report or pay the 2006 and 2007 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
 - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
 - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2006 and 2007 Annual Report fees and the filing of its 2006 and 2007 Annual Reports, which are presented simultaneously with this Affidavit.
5. EXCELSIOR MEDICAL STAFFING, INC. satisfies the requirements of the Florida Statutes 607.0401.
6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 8th day of Feb., 2007

FURTHER, AFFIANT SAYETH NOT

EXCELSIOR MEDICAL STAFFING, INC.

By: *Danielle L. Jackson*
Danielle L. Jackson, Chief Executive Officer



SWORN AND SUBSCRIBED
before me this 8 day of Feb., 2007
Yadira A. Smith
Notary Public, State of Florida at Large
Printed Name: Yadira A. Smith
Commission Expires: 6/15/08