


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000031784**

1. Entity Name  
**EXCELSIOR CONSULTING HEALTH SOLUTIONS, INCORPORATED**



Principal Place of Business  
**3927 NW 89TH AVE  
 CORAL SPRINGS, FL 33065**

Mailing Address  
**3927 NW 89TH AVE  
 CORAL SPRINGS, FL 33065**

**DO NOT WRITE IN THIS SPACE**



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-4474683**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EDSON, STEVEN DR.  
 3927 NW 89TH AVE  
 CORAL SPRINGS, FL 33065**

**DO NOT WRITE IN THIS SPACE**

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  **U00000955647**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **07/18/08-80008-011 150.00**  
DATE

**FILE NOW!!! FEE IS \$150.00  
 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

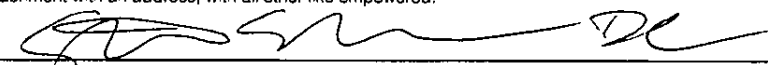
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EDSON, STEVEN DR. 3927 NW 89TH AVE CORAL SPRINGS, FL 33065</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **7-11-08** **9542902877**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #