

**2000 UNIFORM BUSINESS REPORT (UBR)**

02.0706

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90016 047 \*\*\*150.00

**DOCUMENT # P93000069796**

1. Entity Name  
**EXCELSIOR HEALTH CLINIC, INC.**

Principal Place of Business 5217 W COLONIAL DR ORLANDO FL 32808	Mailing Address 5217 W COLONIAL DR ORLANDO FL 32808-7605 US
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**813604**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3207000</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HORNE, NANCY**  
**5217 W. COLONIAL DR.**  
**ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

E. 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.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PST</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS <b>HORNE, NANCY</b>		STREET ADDRESS	
ST-ZIP <b>5217 W. COLONIAL DR.</b>		CITY-ST-ZIP	
<b>ORLANDO FL 32808</b>			
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS <b>LIEBERMAN, ROBERT</b>		STREET ADDRESS	
ST-ZIP <b>5217 W. COLONIAL DR</b>		CITY-ST-ZIP	
<b>ORLANDO FL 32808</b>			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		NAME	
ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Lieberman 2/15/00 407-291-3303  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)