

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norstrom
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 AM 11:42

DOCUMENT # **P94000093050 (0)**

1. Corporation Name

EXCALIBUR BEHAVIORAL HEALTH, INC.

Principal Place of Business

**9160 OAKHURST ROAD SUITE #1
SEMINOLE FL 34646**

Mailing Address

**9160 OAKHURST ROAD SUITE #1
SEMINOLE FL 34646**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3b. Date of Last Report

12/27/1994

4. FEI Number

59-3284712

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPICER, JAMES E
9160 OAKHURST ROAD SUITE #1
SEMINOLE FL 34646**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (date) of current name of registered agent and the corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE / **D & Chairman of the Board**
NAME **SPICER, JAMES E**
STREET ADDRESS **9160 OAKHURST ROAD SUITE #1**
CITY ST ZIP **SEMINOLE FL 34646**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **D**
NAME **SPICER, SHIRLEY J**
STREET ADDRESS **9160 OAKHURST ROAD SUITE #1**
CITY ST ZIP **SEMINOLE FL 34646**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

TITLE **President & Secretary**
NAME **Terrell, Jane B.**
STREET ADDRESS **9160 Oakhurst Road, Suite #1**
CITY ST ZIP **Seminole, FL 34646**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE **Vice President & Treasurer**
NAME **Chalache, Lynn C.**
STREET ADDRESS **9160 Oakhurst Road, Suite #1**
CITY ST ZIP **Seminole, FL 34646**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attached form with an address.

SIGNATURE:

Shirley J. Spicer

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

3/10/95

813-576-9960

Date

Telephone Number