


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000059044 (3)

1. Corporation Name  
EXCALIBUR HEALTH SYSTEMS, INC.

|   |   |
|---|---|
| Principal Place of Business                             | Mailing Address   |
| 2600 DOUGLAS ROAD<br>SUITE 501<br>CORAL GABLES FL 33134 | 2600 DOUGLAS ROAD<br>SUITE 501<br>CORAL GABLES FL 33134 |

|   |   |
|---|---|
| 2. Principal Place of Business              | 2a. Mailing Address                         |
| 21 2600 Douglas Road<br>Suite, Apt. #, etc. | 26 2600 Douglas Road<br>Suite, Apt. #, etc. |
| 22 Suite 500-A<br>City & State              | 27 Suite 500-A<br>City & State              |
| 23 Coral Gables, FL<br>Zip Country          | 28 Coral Gables, FL<br>Zip Country          |
| 24 33134 25 USA                             | 29 33134 30 USA                             |

9. Name and Address of Current Registered Agent

- CARUNCHO & MUR, P.A.  
2600 DOUGLAS ROAD  
SUITE 501  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number  
65-0683927

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

|   |                           |
|---|---------------------------|
| 81 Name   | JOSEPH L. CARUNCHO, P. A. |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 2600 Douglas Road         |
| 83 Suite 500-A  |                           |
| 84 City   | Coral Gables              |
| 85 Zip Code   | FL 33134                  |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | PSD                     | <input type="checkbox"/> DELETE |
| NAME            | CARUNCHO, JOSEPH L.     |                                 |
| STREET ADDRESS  | 2600 DOUGLAS RD STE 501 |                                 |
| CITY - ST - ZIP | CORAL GABLES FL         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |  |
|--------------------|--------------------------------|--|
| 11 TITLE           | PSD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            | CARUNCHO, JOSEPH L.            |  |
| 13 STREET ADDRESS  | 2600 Douglas Road, Suite 500-A |  |
| 14 CITY - ST - ZIP | Coral Gables, FL 33134         |  |
| 21 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME            | 100002614431--0                |  |
| 23 STREET ADDRESS  | -08/13/98--01004--007          |  |
| 24 CITY - ST - ZIP | ****150.00 ****150.00          |  |
| 31 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                                |  |
| 33 STREET ADDRESS  |                                |  |
| 34 CITY - ST - ZIP |                                |  |
| 41 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                                |  |
| 43 STREET ADDRESS  |                                |  |
| 44 CITY - ST - ZIP |                                |  |
| 51 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                                |  |
| 53 STREET ADDRESS  |                                |  |
| 54 CITY - ST - ZIP |                                |  |
| 61 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                                |  |
| 63 STREET ADDRESS  |                                |  |
| 64 CITY - ST - ZIP |                                |  |

14. 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 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 attachment with an address.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

Joseph L. Caruncho 4/21/98 (301) 441-7825

FILED

98 AUG 10 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1996

4. FEI Number  
65-0683927

Applied For  
Not Applicable

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| NAME            | CARUNCHO, JOSEPH L.     |                                 |
| STREET ADDRESS  | 2600 DOUGLAS RD STE 501 |                                 |
| CITY - ST - ZIP | CORAL GABLES FL         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> DELETE |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
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| 54 CITY - ST - ZIP |                                |  |
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