

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000059044

1. Entity Name

EXCALIBUR HEALTH SYSTEMS, INC.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90367 011 ***150.00

0159966

Principal Place of Business
2600 DOUGLAS ROAD
SUITE 710
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS ROAD
SUITE 710
CORAL GABLES FL 33134

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 65-0683927

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ONORATI, ANNETTE C ESQ
2600 DOUGLAS ROAD
SUITE 710
CORAL GABLES FL 33134

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(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, 2001 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CARUNCHO, JOSEPH L
STREET ADDRESS 2600 DOUGLAS RD, STE 710
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME Milton J. Wallace
STREET ADDRESS 1221 Brickell Avenue, Suite 1720
CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE S
NAME ONORATI, ANNETTE C
STREET ADDRESS 2600 DOUGLAS RD, STE 710
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME Charles J. Simons
STREET ADDRESS 3646 SW 57 Avenue
CITY-ST-ZIP MIAMI, FL 33155 ☐ Change ☒ Addition

TITLE TD
NAME POZO, JUSTO L
STREET ADDRESS 2600 DOUGLAS RD STE 710
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME ARTHUR SHAPIRO, M.D.
STREET ADDRESS 3141 Royal Palm Avenue
CITY-ST-ZIP MIAMI BEACH, FL 33140 ☐ Change ☒ Addition

TITLE D
NAME LOPEZ-FERNANDEZ, ORLANDO JR
STREET ADDRESS 2600 DOUGLAS RD STE 710
CITY-ST-ZIP CORAL GABLES FL 33134 ☐ Delete

TITLE D
NAME JAY SKYLER, M.D.
STREET ADDRESS c/o 1221 Brickell Avenue, Suite 1720
CITY-ST-ZIP MIAMI, FL 33131 ☐ Change ☒ Addition

TITLE D
NAME PUJOLS, JOSE R
STREET ADDRESS 10020 BIRD RD
CITY-ST-ZIP MIAMI FL 33165 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)