

June 5, 2001

100004367921--5 -06/06/01--01078--003 ****105.00 *****35.00

Via Overnight Mail

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Excalibur Health Systems, Inc.

Document Number P96000059044

Dear Sir or Madam:

Enclosed please find for filing the following items:

- 1. Officer Resignation Form of Justo Luis Pozo;
- 2. Officer Resignation Form of Annette C. Onorati;
- 3. Statement of Change of Registered Agent; and
- 4. Check No. 4092 in the amount of \$105.00 to cover the filing cost of the three above listed documents.

Please contact me if you have any questions.

Sincerely,

JOSEPH L. CARUNCHO

President

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the parties the undersigned of	provisions of sections 607.0502, 617.0 corporation organized under the laws o	0502, 607.1508, or 617.150 of the State of FLORID	8, Florida Statutes, A
submits the follow the State of Florid	ving statement in order to change its 1	registered office or registere	d agent, or both, in
	e corporation: EXCALIBUR HEAD	TH SYSTEMS, INC.	·
2. The mailing ad	dress of the corporation: 2600 Do		
	Coral G		
3. Date of incorp	oration/qualification: 7/15/1996	Ama	
	address of the current registered agent a		
	Annette C. Onorati		TAL SE
	2600 Douglas Road, Suit	e 710	LARE U
5. The name and a	Coral Gables, FL 33134 address of the new registered agent (if a (P. O. Box Not Action Joseph L. Caruncho	changed) and/or registered of	82 1
	2600 Douglas Road, Suite		Omi A
·	Coral Gables, FL 33134	<u> </u>	· :
The street address agent, as changed.	of its registered office and the street; will be identical.	address of the business offic	e of its registered
Such change was authorized by the	authorized by resolution duly adopted board.	by its board of directors or	
Joseph L.	Caruncho, President and (Printed or typed name and title)	Director	
I further agree to	ed as registered agent and to accept so eby accept the appointment as registe comply with the provisions of all statu v duties, and I am familiar with and ac	rea agent and agree to act it	n this capacity.
		6/1/01	
	ature of Registered Agent)	(Date)	
If signing on behalf of	an entity:		
(Туре	ed or Printed Name)	(Capacity)	· · · · · · · · · · · · · · · · · · ·

* * * FILING FEE: \$35.00 * * *