P96000059044

R	equester's Name	·	
	Address		
City/State/	Zip Phone	# #	300004367923 -06/06/0101078003 ****105.00 *****35.00
			Office Use Only
RPORATION	N NAME(S) & DOC	UMENT NUMBER(S), (if	known):
(Corporation Name)		(Document #)	LCFE FAN
(Corporation Name)		(Document #)	PH 3: 06 EFFLORIG
(C	orporation Name)	(Document #)	<u> </u>
(C	orporation Name)	(Document #)	<u> </u>
Walk in	Pick up time		Certified Copy
Mail out	☐ Will wait	☐ Photocopy	Certificate of Status
W FILINGS		AMENDMENTS	
Profit Not for Profit Limited Liab Domesticatio Other	oility \\/\(\)	Amendment Resignation of R.A Change of Registe Dissolution/Withd Merger	
THER FILINGS		REGISTRATION/QU	<u>UALIFICATION</u>
Annual Repo		Foreign Limited Partnershi Reinstatement Trademark	ip

CR2E031(7/97)

OFFICER / DIRECTOR RESIGNATION

SLUKETARY OF STAILS TALLAHASSEE, FLORIDA	01 JUN -6 PM 3: 06	
ORIDA	9	

		Dr:
I,_ANNETTE C. ONORATI	, hereby resign as	Secretary
•		(Title)
of EXCALIBUR HEALTH SYSTEMS	, INC. (Documen	t Number P96000059044)
(Name of Corpor	ration)	
a corporation organized under the laws of the S	state ofFLO	RIDA
and affirm that the corporation has been notifie	d in writing of the resi	gnation.
	1 L	

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314