## P96000059044

Requester's Name

Address  City/State/Zip Phone #	40	000043679246 -06/06/0101078003 ****105.00 *****35.00
CORPORATION NAME(S) & DOCUM		e Use Only
1(Corporation Name)	(Document #)	OLJUN-6
2(Corporation Name)  3	(Document #)	PH 3: 06 SEE, FLORID
(Corporation Name)  4		Certified Copy Certificate of Status
NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS  Amendment Resignation of R.A., Of Change of Registered AD Dissolution/Withdrawa Merger	fficer/Director
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALI  Foreign Limited Partnership Reinstatement Trademark Other	FICATION
CR2E031(7/97)	E	xaminer's Initials

## OFFICER / DIRECTOR RESIGNATION



Ι,	JUSTO LUIS POZO ,he	reby resign as <u>Treasurer</u> (Title)
of	EXCALIBUR HEALTH SYSTEMS, INC. (Name of Corporation)	(Document Number P96000059044,)
a corp	poration organized under the laws of the State of	FLORIDA
and af	firm that the corporation has been notified in wri	ting of the resignation.

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