

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90081 030 ***150.00

DOCUMENT # P96000059044

1. Entity Name
EXCALIBUR HEALTH SYSTEMS, INC.

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

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1250

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Address

9100 S. Dadeland Blvd.

Suite, Apt. #, etc.

Suite 1250

City & State

Miami, FL

Zip

33156

Country

USA

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

CARUNCHO, JOSEPH L

2600 DOUGLAS ROAD

SUITE 710

CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Joseph L. Caruncho

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

9100 S. Dadeland Blvd.

Suite 1250

City

Miami

FL

Zip Code

33156

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

Joseph L. Caruncho

1/22/02

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARUNCHO, JOSEPH L	
STREET ADDRESS	2600 DOUGLAS RD, STE 710	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ-FERNANDEZ, ORLANDO JR	
STREET ADDRESS	2600 DOUGLAS RD STE 710	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	PUJOLS, JOSE R	
STREET ADDRESS	10020 BIRD RD	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, MILTON J	
STREET ADDRESS	1221 BRICKELL AVENUE, SUITE 1720	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caruncho, Joseph L	
STREET ADDRESS	13220 SW 83 Avenue	
CITY-ST-ZIP	Miami, FL 33156	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez-Fernandez, Orlando Jr	
STREET ADDRESS	7500 SW 8th Street, Suite 203	
CITY-ST-ZIP	Miami, FL 33144	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pozo, Justo L	
STREET ADDRESS	13255 Old Cutler Road	
CITY-ST-ZIP	Pinecrest, FL 33156	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shapiro, Arthur, M.D.	
STREET ADDRESS	3141 Royal Palm Avenue	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Simons, Charles J.	
STREET ADDRESS	3646 SW 57 Avenue	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Skyler, Jay, M.D.	
STREET ADDRESS	1500 NW 12 Avenue, STE 1012-E	
CITY-ST-ZIP	Miami, FL 33136	

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Caruncho

Date

1/22/02

Daytime Phone #

305-670-8430

CR2E034 (9/01)