2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004
Secretary of State

DOCUMENT# P96000059044

Entity Name: EXCALIBUR HEALTH SYSTEMS, INC.

Current Principal Place of Business:

9100 S DADELAND BLVD
SUITE 1210
MIAMI, FL 33156 US

New Principal Place of Business:

9100 S DADELAND BLVD
SUITE 1250
MIAMI, FL 33156 US

Current Mailing Address:

PO BOX 56-5898
MIAMI, FL 33256 US

New Mailing Address:

9100 S DADELAND BLVD
SUITE 1250
MIAMI, FL 33156 US

FEI Number: 65-0683927 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARUNCHO, JOSEPH L
9100 S DADELAND BLVD
SUITE 1210
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

CARUNCHO, JOSEPH L
9100 S DADELAND BLVD
SUITE 1250
MIAMI, FL 33156 US

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: _____ 06/07/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: CARUNCHO, JOSEPH L
Address: 16840 SW 82ND AVE
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: LOPEZ-FERNANDEZ, ORLANDO JR
Address: 7500 SW 8TH STREET SUITE 203
City-St-Zip: MIAMI, FL 33144

Title: D ( ) Delete
Name: POZO, JUSTO L
Address: 13255 OLD CUTLER ROAD
City-St-Zip: PINECREST, FL 33156

Title: D ( ) Delete
Name: SHAPIRO, ARTHUR MD
Address: 3141 ROYAL PALM AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: SIMONS, CHARLES J
Address: 3646 SW 57 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition
Name: CARUNCHO, JOSEPH L
Address: 16840 SW 82ND AVE
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: PUJOLS, JOSE R MD
Address: 10020 BIRD ROAD
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE R. PUJOLS D 06/07/2004
Electronic Signature of Signing Officer or Director — Date

PATRICK MCENANY, DIRECTOR
420 S. DIXIE HIGHWAY
SUITE 2B
MIAMI, FLORIDA 33146

MILTON J. WALLACE, DIRECTOR
1200 BRICKELL AVENUE
SUITE 1720
MIAMI, FLORIDA 33131