

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91356 016 ***150.00

DOCUMENT # P96000059044

1. Entity Name
EXCALIBUR HEALTH SYSTEMS, INC.



Principal Place of Business
9100 S DADELAND BLVD
~~**SUITE 1250**~~
MIAMI FL 33156
US

Mailing Address
9100 S DADELAND BLVD
SUITE 1250
MIAMI FL 33156
US



2. Principal Place of Business

3. Mailing Address

P.O. BOX 56-5898

Suite, Apt. #, etc.

suite# 1210

Suite, Apt. #, etc.

City & State

City & State
MIAMI, FL

Zip

Country

Zip

33256

Country

U.S.

4. FEI Number **65-0683927**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
JOSEPH L. CARUNCHO
Street Address (P.O. Box Number is Not Acceptable)
9100 S. DADELAND BLVD.
SUITE# 1210
City **MIAMI** **FL** **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDS** ☐ Delete
NAME **CARUNCHO, JOSEPH L**
STREET ADDRESS **13220 SW 83 AVENUE**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **PDS** ☒ Change ☐ Addition
NAME **JOSEPH L. CARUNCHO**
STREET ADDRESS **16840 S.W. 82 AVE**
CITY-ST-ZIP **PALMETTO BAY, FL 33157**

TITLE **D** ☐ Delete
NAME **LOPEZ-FERNANDEZ, ORLANDO JR**
STREET ADDRESS **7500 SW 8TH STREET SUITE 203**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
NAME **SEE ATTACHED SHEET OF**
STREET ADDRESS **ADDITIONAL DIRECTORS.**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **POZO, JUSTO L**
STREET ADDRESS **13255 OLD CUTLER ROAD**
CITY-ST-ZIP **PINECREST FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHAPIRO, ARTHUR MD**
STREET ADDRESS **3141 ROYAL PALM AVENUE**
CITY-ST-ZIP **MIAMI BEACH FL 33140**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SIMONS, CHARLES J**
STREET ADDRESS **3646 SW 57 AVENUE**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SKYLER, JAY MD**
STREET ADDRESS **1500 NW 12 AVENUE SUITE 1012-E**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/24/03

305-670-8430
Daytime Phone #

CR2E034 (10/02)

Attachment

80096484

Additional Directors of Excalibur Health Systems, Inc. (Document #P96000059044)

D

Milton J. Wallace
1200 Brickell Avenue
Suite 1720
Miami, FL 33131

D

Jose R. Pujols, M.D.
10020 Bird Road
Miami, FL 33165

D

Patrick McEnany
420 S. Dixie Highway
Suite 2B
Coral Gables, Florida 33146