IFEM (USA) Inc. 24311 Walden Center Dr. Suite 202 Bonita Springs, FL 34134 Phone # City/State/Zip

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1		
(Corporation Name) 2.	(Document#) 700033969372 -09/18/0001126020 *****35,00 ******35.00	
(Corporation Name)	(Document #)	
3(Corporation Name)	(Document #) AFCRETAR ARS ARS ARS ARS ARS ARS ARS	
Walk in Pick up time Mail out Will wait	Certified Copy CP Certificate of Status	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION	=:
Annual Report Fictitious Name CR2E031(7/97)	Foreign Limited Partnership Reinstatement Trademark Other TROWN SFP 2 6 2000 Examiner's Initials	

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR CORPORATIONS

Pursuant to the provisions of section 607.0502(3), 617.0502(3), 607.1508(2), or 617.1508(2),
Florida Statutes, the undersigned registered agent of a corporation organized under the laws of the
State of Florido submits the following statement in order
to change the registered office in Florida.
1. The name of the corporation: HEALTH EXCEL ///C.
2. The street address of the current registered office:
24311 Walden Center Dr.
Suite 202
Bonita Springs, FL 34134
3. The street address of the new registered office:
3. The street address of the new registered office: 23630 Pepper Mill Court Bonita Springs, FL 34134
Bonita Springs, FL 34134
The corporation has been notified in writing of this change.
The street address of the registered office and the street address of the business office of the registered agent, as changed, will be identical.
Date: 9/15/00
(Signature of Degistered Agent) Christian Stern (Printed or Typed Name)
, <i>I</i>

Make checks payable to Florida Department of State and mail to:

Filing Fee: \$35.00

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

INHS28(9/98)