

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REGISTRATION
 STATE OF FLORIDA
 1995



STATE DEPARTMENT OF
 REVENUE
 1995

APPROVED

DOCUMENT # **S62675** (1)
 EXODUS HEALTH SYSTEMS, INC.

06/24/1991
 04/29/1994

1001 LEE ROAD, SUITE 115
 WINTER PARK FL 32789
 C/O JACK KRONFELD
 7690 LAGO DEL MAR DR. #410
 BOCA RATON, FLORIDA 33433

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3. Date of Issuance: 06/24/1991
 3a. Date of Expiration: 04/29/1994
 4. ID Number: 65-0277221
 5. Additional Fee Required: \$8.75
 6. May Be Added to Fees: \$5.00
 8. X

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION INC.
 222 LAKEVIEW AVENUE
 SUITE 800
 WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

B1
 B2
 B3
 B4
 FL 105

11. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the person named as the registered agent is a resident of the State of Florida and is qualified to receive service of process.

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 KRONFELD, JACK R.
 7690 LAGO DEL MAR S-410
 BOCA RATON FL

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SIGNATURE: *Jack R. Kronfeld* JACK R. KRONFELD 04/27/95 (407) 362-4280