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AMERILAWYER®

(Requestor's Name)
343 ALMERIA AVENUE

CORAL GABLES, FL 33134 – (305) 445-2700

(City, State, Zip) (Phone #)

600003170786--6 -03/15/00--01039--002 ******70.00 ******70.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): Maxwell Hedical Services (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Walk in Pick up time Certificate of Status Photocopy Mail out Will wait **AMENDMENTS NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director NonProfit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Examiner's Initials

Other - Qualification



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 15, 2000

AMERILAWYER

TALLAHASSEE, FL

SUBJECT: MAXWELL MEDICAL SERVICES, INC.

Ref. Number: W00000006901

We have received your document for MAXWELL MEDICAL SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$70.00 payment.

We cannot accept the certificate from the TEXAS COMPTROLLER's office. The certificate you must submit comes from the TEXAS SECRETARY OF STATE's office. The Texas officials MAY call it a CERTIFICATE OF EXISTENCE. It is a 1-page certificate which states that the corporation has been incorporated in Texas, and that it has not filed Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6914.

Buck Kohr Corporate Specialist

Letter Number: 400A00014350



APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRA **BUSINESS IN FLORIDA** IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Maxwell Medical Services, Inc. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.) (FEI number, if applicable) (State or country under the law of which it is incorporated) 4. August 11, 1998 5. Perpetual (Date of incorporation) 5. Unration: Year corp. will cease to exist or "perpetual") Upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.) 6610 Harwin Drive, Suite 212, Houston, Texas 77036 (Current mailing address) engage in any activity or business permitted under the laws of the United States
8. and the State of Florida (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Spiegel & Utrera, P.A. Name: 343 Almeria Avenue Office Address: Coral Gables , Florida, 33134 (Zip code) 10. Registered agent's acceptance: Having been named as registered agent and to actept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointments registered agent and agree to act in this capacity. I further agree to comply

with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered additional spieged of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered of the proper and the prop

Registered agent's signature)
Natalia Utrera, Vice-President

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTOR	S (Street address only - P.O. Box NOT acceptable)
Chairman:	Olusegun Oyewole
Address:	6610 Harwin Drive, Suite 212
	Houston, Texas 77036
Vice Chairman:	Patrick Gyang
Address:	7302 Corporate Drive, #1507
	Houston, Texas 77036
Director:	<u> </u>
Address:	
Director:	
Address:	
B. OFFICER	S (Street address only - P.O. Box NOT acceptable)
President:	Olusegun Oyewole
Address:	6610 Harwin Drive, Suite 212
	Houston, Texas 77036
Vice President:	Patrick Gyang
Address:	7302 Corporate Drive, #1507
	Houston, Texas 77036
Secretary:	Ebun M. Adadevoh
Address:	13014 Basford Drive
	Houston, Texas 77099
Treasurer:	Ebun M. Adadevoh
Address:	13014 Basford Drive
	Houston, Texas 77099
NOTE: If ne	cessary you may attach an addendum to the application listing additional officers and/or directors.
13.	/ // Ma / Ohan
<u></u>	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
1.4	Olusegun Oyewole, President

(Typed or printed name and capacity of person signing application)



IT IS HEREBY CERTIFIED that Articles of Incorporation of

MAXWELL MEDICAL SERVICES, INC. File No. 1500659

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on April 7, 2000.

Elton Bomer Secretary of State BAM