

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 13, 1999 8:00 am
Secretary of State

08-13-1999 90011 028 ***550.00

11/13/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P36359**

1. Corporation Name
MAXWELL/HEALTHCARE, INC.



Principal Place of Business
**8221 EAST 63RD PLACE
 TULSA OK 74133**

Mailing Address
**8221 EAST 63RD PLACE
 TULSA OK 74133**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1991

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 234 E. MILLSAP ROAD		73-1351441		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28 FAYETTEVILLE, ARKANSAS		29 72703		30 WASHINGTON	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, JOHN H	1.2 NAME	
STREET ADDRESS	8221 E. 63RD PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	EXEC VP/CORP SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAXWELL, MARY SUE	2.2 NAME	GORDON Y. ALLISON
STREET ADDRESS	8221 EAST 63RD PLACE	2.3 STREET ADDRESS	234 E. MILLSAP ROAD
CITY-ST-ZIP	TULSA OK 74133	2.4 CITY-ST-ZIP	FAYETTEVILLE, ARKANSAS 72703
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, CLETE T	3.2 NAME	
STREET ADDRESS	302 E. MILLSAP RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	3.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	ASSISTANT TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JANES, ROBERT H III	4.2 NAME	KEITH CARVIN
STREET ADDRESS	302 E. MILLSAP RD	4.3 STREET ADDRESS	234 E. MILLSAP ROAD
CITY-ST-ZIP	FAYETTEVILLE AR 72703	4.4 CITY-ST-ZIP	FAYETTEVILLE, ARKANSAS 72703
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLORA, TERRY C	5.2 NAME	
STREET ADDRESS	302 E. MILLSAP RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAYETTEVILLE AR 72703	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 110.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gordon Y. Allison **GORDON Y. ALLISON** 8/6/99 501/973-6000

CR2E034 (5/99)