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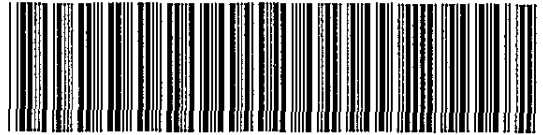
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TALLAHASSEE, FLORIDA

03 JAN 27 AM 9:27

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FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

January 2, 2003

PHILIP H HANAN  
1099 SPRING FIRE PLACE RD  
EAST HAMPTON, NY 11937-1433

SUBJECT: MAXXON ASSOC INC.  
Ref. Number: W03000000018

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 JAN 27 AM 9:27

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We have received your document for MAXXON ASSOC INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 303A00000026

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAXXON ASSOCS INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

PHILIP H HANAN  
(Name of Person)

MAXXON ASSOCS INC  
(Firm/Company)

1099 SPRING FIRE PLACE RD  
(Address)

EAST HAMPTON N.J. 11937-1433 90  
(City/State and Zip code)

For further information concerning this matter, please call:

THOMAS STANLEY at (561) 276-6363  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

03 JAN 27 AM 9:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MAXXON ASSOCIATES - 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.)
2. NEW YORK STATE 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 01/01/02 5. PERPETUAL  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. UPON QUALIFICATION  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1099 SPRINGS FIREPLACE ROAD EAST HAMPTON  
(Principal office address) 11937
- \_\_\_\_\_  
(Current mailing address)
8. MEDICAL BILLING AND MANAGEMENT  
(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)
- Name: THOMAS M STANLEY
- Office Address: 29 NORTHEAST FOURTH AVENUE  
DELRAY BEACH, Florida 33483  
(City) (Zip code)

**10. Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as 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 agent.

  
(Registered agent's signature)

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 business addresses of officers and/or directors:

## A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

## B. OFFICERS

President: PHILIP H. HANANAddress: 1099 FIREPLACE ROADEAST HAMPTON, N.Y. 11937Vice President: DAVID DUBNERAddress: 440 ERI ST. STREET, APT 1FN.Y., N.Y. 10028

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Philip H. Hanan

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. PRESIDENT OF CORPORATION

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

FILED  
03 JAN 27 AM 9:27  
SECRETARY OF STATE  
ALBANY, NEW YORK

State of New York } ss:  
Department of State

I hereby certify, that the Certificate of Incorporation of MAXXON ASSOCS., INC. was filed on 01/04/2002, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*-

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 15th day of January  
two thousand and three.*

*[Handwritten Signature]*

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