

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

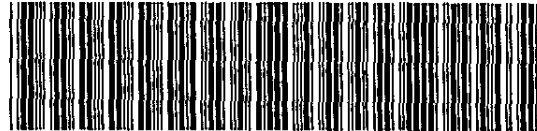
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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79-22704-66000-000 4407.50

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JUN 10 1968
FBI - TAMPA

FDK 6300
JC



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 28, 2004

TONY OGLESBY
1038 MCGARRH MILL POND ROAD
SWAINSBORO, GA 30401-4110

SUBJECT: MAXIMUM MEDICAL, INC.
Ref. Number: W04000039722

We have received your document for MAXIMUM MEDICAL, INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 804A00062179

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAXIMUM MEDICAL, 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:

TONY D. OGLESBY
(Name of Person)
MAXIMUM MEDICAL, INC.
(Firm/Company)
1038 ME GARRH MILL POND ROAD
(Address)
SWAINSBORO, GA 30401-4110
(City/State and Zip code)

For further information concerning this matter, please call:

CAROLINE OGLESBY 478-589-7581 (or)
BARBARA D. LEWIS at (478) 589-7587
(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

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. MAXIMUM MEDICAL, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA

(State or country under the law of which it is incorporated)

3. 58 24 70332

(FEI number, if applicable)

4. 06-01-1999

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NONE TO DATE

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1038 MC GARRH MILL POND RD., SWAINSBORO, GA 30401-4110

(Principal office address)

1038 MC GARRH MILL POND RD., SWAINSBORO, GA 30401-4110

(Current mailing address)

8. lease/sales of specialized medical
eqpt (hospital beds, mattresses, etc., wound care eqpt.) to nursing homes, hospitals and in-home patients.
(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 NOT acceptable)

Name: CORP DIRECT AGENTS INC

Office Address: 103 N MERIDIAN ST., LL

TALLAHASSEE

(City)

, Florida 32301

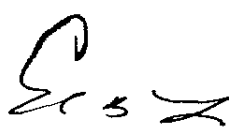
(Zip code)

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JAN 14 1999
TALLAHASSEE, FLORIDA

1999

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.



Ed Lary, (Registered agent's signature) Asst. Secretary

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: TONY D. OGLESBY (PRESIDENT & CEO)

Address: 1030 MC GARRH MILL POND RD., SWAINSBORO, GA 30401-4110

Vice President: RUSSELL C. OGLESBY

Address: 66 DANNY OGLESBY RD., SWAINSBORO, GA 30401-4110

Secretary: RUSSEL C. OGLESBY

Address: 66 DANNY OGLESBY RD., SWAINSBORO, GA 30401-4110

Treasurer: _____

Address: _____

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

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

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

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JAN 12 2001

1150

A. DIRECTORS -

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: TONY D. OGLESBY (PRESIDENT & CEO)

Address: 1030 N.E. GARRIT MILL POND ROAD

SWAINSBORO, GA 30401-4110

Vice President: RUSSELL C. OGLESBY

Address: 66 DANNY OGLESBY RD

SWAINSBORO, GA 30401

Secretary: RUSSELL C. OGLESBY

Address: 66 DANNY OGLESBY RD SWAINSBORO, GA 30401-4110

Treasurer: _____

Address: _____

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FLORIDA
10-19-04

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

13. Tony D. Oglesby 10-19-04

(Signature of Director or Officer listed in number 12 of the application)

14. TONY D. OGLESBY, PRESIDENT & CEO

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

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 043020515
CONTROL NUMBER : K923236
DATE INC/AUTH/FILED: 06/01/1999
JURISDICTION : GEORGIA
PRINT DATE : 10/28/2004
FORM NUMBER : 211

MAXIMUM MEDICAL, INC.

BARBARA LEWIS
POB 235
MIDVILLE, GA 30441

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MAXIMUM MEDICAL, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Secretary of State