

# F96000005645

## TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

500001988085---7  
-10/29/96---01089---008  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: ESTES AND ASSOCIATES, 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:

SUZANNE ESTES

(Name of Person)

ESTES AND ASSOCIATES, INC.

(Firm/Company)

P.O. BOX 410797

(Address)

MELBOURNE, FL 32941-0797

(City, State and Zip Code)

*give with  
to add info  
#8  
HC 10/31*

*HC 10/31*

Should you need to call someone concerning this matter, please call:

SUZANNE ESTES

(Name of Person)

at ( 407 ) 255-7629

Area Code & Daytime Telephone Number

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### COURIER ADDRESS:

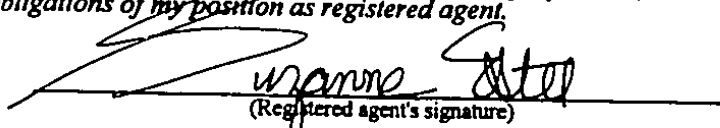
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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. ESTES AND 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. Texas  
(State or country under the law of which it is incorporated)
3. 75-2542890  
(FEI number, if applicable)
4. MAY 25, 1994  
(Date of Incorporation)
5. 'Perpetual'  
(Duration: Year corp. will cease to exist or "perpetual")
6. JULY 29, 1996  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. P.O. BOX 410797  
MELBOURNE, FL 32941-0797  
(Current mailing address)
8. Medical Consulting  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)  
Name: SUZANNE ESTES  
Office Address: 930 FOSTORIA DRIVE  
MELBOURNE, Florida, 32940  
(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.

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

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: SUZANNE ESTES

Address: 930 FOSTORIA DR

Vice Chairman: ROBERT ESTES

Address: 930 FOSTORIA DRIVE  
MELBOURNE, FL 32940

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

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

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

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

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: SUZANNE ESTES

Address: 930 FOSTORIA DRIVE  
MELBOURNE, FL 32940

Vice President: ROBERT D. ESTES

Address: 930 FOSTORIA DRIVE  
MELBOURNE, FL 32940


Secretary: SUZANNE ESTES

Address: 930 FOSTORIA DRIVE  
MELBOURNE, FL 32940

Treasurer: ROBERT D. ESTES

Address: 930 FOSTORIA DRIVE

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SUZANNE ESTES  
(Typed or printed name and capacity of person signing application)



# The State of Texas

## SECRETARY OF STATE

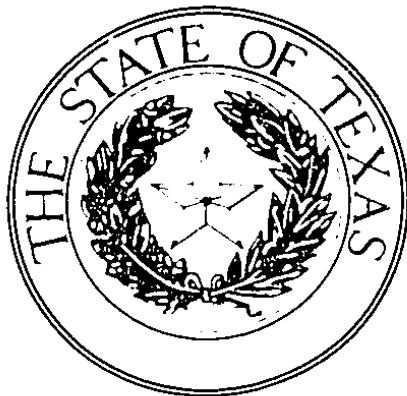
IT IS HEREBY CERTIFIED, that  
Articles of Incorporation  
of

**ESTES AND ASSOCIATES, INC.**  
**CHARTER #1313299-00**

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were filed in this office and a certificate of incorporation was issued on  
**MAY 25, 1994;**

**IT IS FURTHER CERTIFIED, that no certificate of dissolution has been issued, and  
that the corporation is still 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  
the City of Austin, on October 10, 1996.*

*Antonio O. Garza, Jr.*

Antonio O. Garza, Jr.  
Secretary of State

PH