

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

UICV003

**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**

4. FEI Number

**73-1351441**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** **234 E. MILLSAP ROAD**

Suite, Apt. #, etc.

**27** City & State

**28** **FAYETTEVILLE, ARKANSAS**

**29** Zip

**72703**

Country

**30** **WASHINGTON**

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE **P** ☐ DELETE  
NAME **MAXWELL, JOHN H**  
STREET ADDRESS **8221 E. 63RD PLACE**  
CITY-ST-ZIP **TULSA OK**

TITLE **S** ☒ DELETE  
NAME **MAXWELL, MARY SUE**  
STREET ADDRESS **8221 EAST 63RD PLACE**  
CITY-ST-ZIP **TULSA OK 74133**

TITLE **V** ☐ DELETE  
NAME **BREWER, CLETE T**  
STREET ADDRESS **302 E. MILLSAP RD**  
CITY-ST-ZIP **FAYETTEVILLE AR 72703**

TITLE **AS** ☒ DELETE  
NAME **JANES, ROBERT H III**  
STREET ADDRESS **302 E. MILLSAP RD**  
CITY-ST-ZIP **FAYETTEVILLE AR 72703**

TITLE **V** ☐ DELETE  
NAME **BELLORA, TERRY C**  
STREET ADDRESS **302 E. MILLSAP RD**  
CITY-ST-ZIP **FAYETTEVILLE AR 72703**

TITLE ☐ DELETE  
NAME **ALLISON, GORDON Y.**  
STREET ADDRESS **234 E. MILLSAP ROAD**  
CITY-ST-ZIP **FAYETTEVILLE, ARKANSAS 72703**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **EXEC VP/CORP SECRETARY** ☐ Change ☒ Addition  
2.2 NAME **GORDON Y. ALLISON**  
2.3 STREET ADDRESS **234 E. MILLSAP ROAD**  
2.4 CITY-ST-ZIP **FAYETTEVILLE, ARKANSAS 72703**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **ASSISTANT TREASURER** ☐ Change ☒ Addition  
4.2 NAME **KEITH CARVIN**  
4.3 STREET ADDRESS **234 E. MILLSAP ROAD**  
4.4 CITY-ST-ZIP **FAYETTEVILLE, ARKANSAS 72703**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 119.07(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)