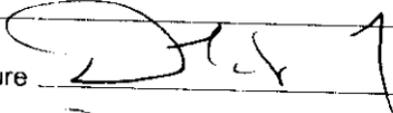


No. C 119371	Due no later than May 31, 2004 Annual Report Form	2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MAXIM HEALTHCARE SERVICES, INC. 7080 SAMUEL MORSE DR COLUMBIA, MD 21046	CORPORATION SERVICE CENTER 1401 SHORELINE DR STE 2 BOISE, MD 83702 3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>BRIAN WYNNE</td> <td>7080 SAMUEL MORSE DR.</td> <td>COLUMBIA</td> <td>MD</td> <td>21046</td> </tr> <tr> <td>VP/SEC.</td> <td>DAVID FRANCHAK</td> <td>7080 SAMUEL MORSE DR.</td> <td>COLUMBIA</td> <td>MD</td> <td>21046</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES.	BRIAN WYNNE	7080 SAMUEL MORSE DR.	COLUMBIA	MD	21046	VP/SEC.	DAVID FRANCHAK	7080 SAMUEL MORSE DR.	COLUMBIA	MD	21046
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VP/SEC.	DAVID FRANCHAK	7080 SAMUEL MORSE DR.	COLUMBIA	MD	21046															
5. Organized Under the Laws of: MARYLAND C 119371	6.  Signature _____ Date <u>4/15/04</u> Name <small>(Typed or Printed)</small> <u>DAVE FRANCHAK</u> Title <u>V.P. OF FINANCE</u>																			