

No. W 4368		Due no later than Jul 31, 2009		2. Registered Agent and Address (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 needed. MAXIM HEALTH SYSTEMS LLC ROSE STEPANEK 7227 LEE DEFOREST DRIVE COLUMBIA MD 21046-3236 USA		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	DAVID FRANCHAK	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
5. Organized Under the Laws of: MD W 4368		6. Annual Report must be signed.* Signature: RA Stepanek Name (type or print): RA Stepanek Date: 07/27/2009 Title: Tax Acct.					
Processed 07/27/2009		* Electronically provided signatures are accepted as original signatures.					