

No. <b>W 4368</b>		<b>Due no later than Jul 31, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  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			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name DAVID FRANCHAK	Street or PO Address 7227 LEE DEFOREST DRIVE		City COLUMBIA	State MD	Country USA	Postal Code 21046-3236
5. Organized Under the Laws of:  <b>MD W 4368</b>		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.							