

No. W 4368	Due no later than Jul 31, 2002 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 HEALTH SYSTEMS LLC 7080 SAMUEL MORSE DR COLUMBIA, MD 21046		CORPORATION SERVICE COMPAN 1401 SHORELINE DR STE 2 BOISE, ID 83702
			3. <u>New</u> Registered Agent Signature
4. Limited Liability Companies: Enter Names and Addresses of Managers.			
<u>Office held</u> CFO	<u>Name</u> DAVID FRANCHAK	<u>Street or P.O. Address</u> 7080 SAMUEL MORSE DRIVE	<u>City</u> <u>State</u> <u>Zip</u> COLUMBIA MD 21046
5. Organized Under the Laws of: IDAHO W 4368		6. Signature <u>Rose A. Stepanek</u> Date <u>5/15/02</u> Name (Typed or Printed) <u>ROSE A. STEPANEK</u> Title <u>TAX ACCT.</u>	