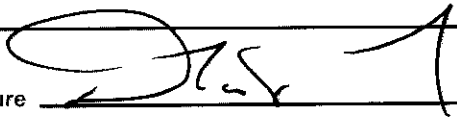


No. W 4368	Annual Report Form 1999 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct	CORPORATION SERVICE COMPANY
	MAXIM HEALTH SYSTEMS LLC	1401 SHORELINE DR
	90 Maxim Healthcare Services 6994 Columbia Gateway Drive Columbia, MD 21046	BOISE ID 83702 3. Organized Under the Laws of: ID W 4368

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of ☒ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
MANAGER	DAVID FRANCHAK	6994 COLUMBIA GATEWAY DRIVE,	COLUMBIA,	MD	21046

5. Signature of New Registered Agent	6.	
	Signature 	Date 7/15/99
	Name (Typed or Printed) DAVID FRANCHAK	Title MANAGER

ISSUED: 07-03-1999