

No. W 4368		Due no later than Jul 31, 2012		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		Annual Report Form 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 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA	
				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	MAXIM HEALTHCARE SERVICES, INC	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA 21046-3236
5. Organized Under the Laws of:		6. Annual Report must be signed.*			
MD W 4368		Signature: Rose Name (type or print): Rose		Date: 05/18/2012 Title: Stepanek	
Processed 05/18/2012		* Electronically provided signatures are accepted as original signatures.			