No. C 119371	Due no later than May 31, 2001	0.5
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BOX
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	CORPORATION SERVICE CENTER
700 WEST JEFFERSON PO BOX 83720	MAXIM HEALTHCARE SERVICES, INC.	1401 SHORELINE DR STE 2
BOISE, ID 83720-0080	6994 COLUMBIA GATEWAY DR	BOISE, MD 83702
NO FILING FEE IF	COLUMBIA, MD 21046	3. New Registered Agent Signature
RECEIVED BY DUE DATE		
<ol> <li>Corporations: Enter Nan</li> </ol>	nes and Business Addresses of President, Secretar	v and Directors
Office held Name	Street or B.O. Address	y and Directors,
<del></del>		State Zip
President Brian Wy	nne 6994 Columbia Gateway Dr.,	Columbia, MD 21046
	6994 Col	umbia Cakeeee
	Franchak <del>Same address</del> 6994 Col Columbia	, MD 21046
5. Organized Under the Laws of:	Columbia 6.	, MD 21046
5. Organized Under the Laws of:	6. COTUMDIA	, MD 21046
	Columbia	DateDate