

No. <b>C 119371</b>		Due no later than May 31, 2012 <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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MAXIM HEALTHCARE SERVICES, INC. ROSE STEPANEK 7227 LEE DEFOREST DR 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. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	TONI-JEAN LISA	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
TREASURER	BRETT E BARLAG	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
VICE PRESIDENT	BRETT E BARLAG	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
PRESIDENT	W. BRADLEY BENNETT	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
DIRECTOR	W. BRADLEY BENNETT	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
5. Organized Under the Laws of:  <b>MD C 119371</b>		6. Annual Report must be signed.* 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.					