

No. C 119371		Due no later than May 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MAXIM HEALTHCARE SERVICES, INC. ROSE STEPANEK 7227 LEE DEFOREST DR COLUMBIA MD 21046-3236 USA		CORPORATION SERVICE CENTER 1401 SHORELINE DR STE 2 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				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	DAVID C FRANCHAK	7227 LEE DEFOREST DR	COLUMBIA	MD	USA	21046-3236	
TREASURER	DAVID C FRANCHAK	7227 LEE DEFOREST DR	COLUMBIA	MD	USA	21046-3236	
PRESIDENT	BRIAN T WYNNE	7227 LEE DEFOREST DR	COLUMBIA	MD	USA	21046-3236	
DIRECTOR	DAVID FRANCHAK	7227 LEE DEFOREST DR	COLUMBIA	MD	USA	21046-3236	
5. Organized Under the Laws of: MD C 119371		6. Annual Report must be signed.* Signature: RA Stepanek Name (type or print): RA Stepanek		Date: 05/28/2009 Title: Tax Accountant			
Processed 05/28/2009		* Electronically provided signatures are accepted as original signatures.					