

No. C 119371		Due no later than May 31, 2010 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 NO FILING FEE IF RECEIVED BY DUE DATE		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			
						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	
DIRECTOR	W. BRADLEY BENNETT	7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
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	
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: 05/21/2010 Title: Tax Acct.					
Processed 05/21/2010		* Electronically provided signatures are accepted as original signatures.					