

No. C 119371

Due no later than May 31, 2006

Annual Report Form

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 applicable

MAXIM HEALTHCARE SERVICES, INC.
7080 SAMUEL MORSE DR
COLUMBIA, MD 21046

2. Registered Agent and Office **NO PO BOX**

CORPORATION SERVICE CENTER
1401 SHORELINE DR STE 2
BOISE, MD 83702

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office held Name

Street or P.O. Address

City

State

Zip

PRES. BRIAN 7080 SAMUEL MORSE COLUMBIA MD 21046
WYNNE DR.

VP/TREAS DAVID
SEC FRANCHAK COLUMBIA MD 21046
7080 SAMUEL MORSE
DRIVE

5. Organized Under the Laws of:

MARYLAND
C 119371

6.

Signature

Rose A. Stepanek Date 5/17/06

Name (Typed or
Printed)

Rose A. STEPANEK

Title TAX ACCT

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL

Issued 03/01/2006

Do Not Tape or Staple

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