

No. <b>C 119371</b>	<b>Due no later than May 31, 2006</b> <b>Annual Report Form</b>		2. Registered Agent and Office <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>	1. Mailing Address - Correct in this box, if applicable		CORPORATION SERVICE CENTER 1401 SHORELINE DR STE 2 BOISE, MD 83702  3. <u>New</u> Registered Agent Signature																														
	MAXIM HEALTHCARE SERVICES, INC. 7080 SAMUEL MORSE DR COLUMBIA, MD 21046																																
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRES.</td> <td>BRIAN WYNNE</td> <td>7080 SAMUEL MORSE DR.</td> <td>COLUMBIA</td> <td>MD</td> <td>21046</td> </tr> <tr> <td>VP/TREAS</td> <td>DAVID</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>SEC</td> <td>FRANCHAK</td> <td></td> <td>COLUMBIA</td> <td>MD</td> <td>21046</td> </tr> <tr> <td></td> <td></td> <td>7680 SAMUEL MORSE DRIVE</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRES.	BRIAN WYNNE	7080 SAMUEL MORSE DR.	COLUMBIA	MD	21046	VP/TREAS	DAVID					SEC	FRANCHAK		COLUMBIA	MD	21046			7680 SAMUEL MORSE DRIVE			
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5. Organized Under the Laws of: MARYLAND C 119371	6. Signature <u>Rose A. Stepanek</u> Date <u>5/17/06</u> Name (Typed or Printed) <u>ROSE A. STEPANEK</u> Title <u>TAX ACCT</u>																																

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

**CERTIFIED MAIL<sup>TM</sup>**