No. C 119371		Due no later than May 31, 2017		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. MAXIM HEALTHCARE SERVICES, INC. TAX DEPARTMENT 7227 LEE DEFOREST DR			CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
				50.02 15 0				
		COLUMBIA MD 21046-3236		3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busin	ess Addresses of F	resident, Secretary, and Directors. Treasu	rer (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	
PRESIDENT WILLIAM BU			7227 LEE DEFOREST DRIVE	COLUMBIA	MD	USA	21046-3236	
TREASURER VICE PRESIDENT	RAYMOND CARBONE RAYMOND CARBONE		7227 LEE DEFOREST DRIVE 7227 LEE DEFOREST DRIVE	COLUMBIA COLUMBIA	MD MD	USA USA	21046-3236 21046-3236	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
MD C 119371		Signature: RA		Date: 05/15/2017				
		Name (type or print): RAYMOND CARBONE			Title: VP			
Processed 05/15/2017	* Electronically provided signatures are accepted as original signatures.							