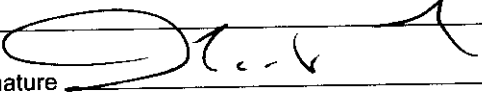


No. C 119371 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than May 31, 2002 Annual Report Form 1. Mailing Address - Correct in this box, if applicable MAXIM HEALTHCARE SERVICES, INC. 6994 COLUMBIA GATEWAY DR 7080 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. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Brian Wynne</td> <td>7080 Samuel Morse Dr.,</td> <td>Columbia,</td> <td>MD</td> <td>21046</td> </tr> <tr> <td>VP/Sec.</td> <td>David Franchak</td> <td>7080 Samuel Morse Dr.,</td> <td>Columbia,</td> <td>MD</td> <td>21046</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>	President	Brian Wynne	7080 Samuel Morse Dr.,	Columbia,	MD	21046	VP/Sec.	David Franchak	7080 Samuel Morse Dr.,	Columbia,	MD	21046
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VP/Sec.	David Franchak	7080 Samuel Morse Dr.,	Columbia,	MD	21046															
5. Organized Under the Laws of: <div style="text-align: center;"> MARYLAND C 119371 </div>	6.  Signature _____ Date 3/12/02 Name <small>(Typed or Printed)</small> David Franchak Title VP of Finance																			