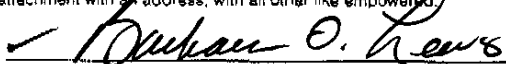


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90239 037 ***150.00

DOCUMENT # F04000006300			
1. Entity Name MAXIMUM MEDICAL, INC.			
Principal Place of Business 1038 MC GARRH MILL POND RD. SWAINSBORO, GA 30401-4110		Mailing Address 1038 MC GARRH MILL POND RD. SWAINSBORO, GA 30401-4110	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORP DIRECT AGENTS INC 515 E. PARK AVE. TALLAHASSEE, FL 32301		Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME ☐ Delete P. OGLESBY, TONY D STREET ADDRESS 1038 MCGARRIE MILL POND ROAD CITY - ST - ZIP SWAINSBORO, GA 30401-4110	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____
TITLE NAME ☒ Delete VS OGLESBY, RUSSELL C STREET ADDRESS 66 DANNY OGLESBY CITY - ST - ZIP SWAINSBORO, GA 30401	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____
TITLE NAME ☐ Delete SECRETARY LEWIS, BARBARA O. STREET ADDRESS 565 GREEN SPENCE RD. CITY - ST - ZIP MIDVILLE, GA 30441	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____
TITLE NAME ☐ Delete STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____
TITLE NAME ☐ Delete STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____	TITLE NAME ☐ Change ☐ Addition STREET ADDRESS _____ CITY - ST - ZIP _____
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5/1/06 - 478-589-7597 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			