2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED May 21, 2004 8:00 am Secretary of State

DOCUMENT # M0300003856 1. Entity Name					04-26-2004 90039 015 ****55.00			
MHS MEE	DICAL SOLUTIONS, LLC							
CAREI	MAX MEDICAL	RESOURCES	5,240					
Principal Place	e of Business	Mailing Address]	_			
7080 SAMUEL MORSE DRIVE 7080 SAMUEL MORSE DRI COLUMBIA MD 21046 COLUMBIA MD 21046								
					I PERFERNACIO ARRIDE LUX CARRE PARR ART	TO BERTAL BURGAR LANGU HELPER	ATILO GUIĐOS ID IT	12)
2. Principal Place of Business 3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.			MOORE CR2E083 (11/03)				
City & State		City & State		4. FEI Number 52-159095/		Applied Not App	olicable	
Zip	p Country Zip		Country		5. Certificate of Status Desired	\$5.00 Fee Re	Additional quired	tl .
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Rec	istered Agent		
Name					,	•	*- 1]
CORPORATION SERVICE COMPANY 1201-HAYS STREET TALLAHASSEE FL 32301-2525					(P.O. Box Number is Not Acceptable)			
•				City		FL Zip	Code	
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or registe	ered agent, or both, in the State of Flori		with, and a	accept
the obligat	tions of registered agent.							
SIGNATURE	Signature, typod or printed name of registered agent	and title if applicable. (NOT	E: Procusere	d Agent signature require	d when renstating)	DATE		- 1
		0.7548 19617 WKCO	(2 cab de)	1. 18 18 18 18 18 18 18 18 18 18 18 18 18	MACHEMAN CONTROL		·	
		Make Check Payab	けんかひい 孝 松口	FEE IS \$50.00 orida Departme	Saturation (1974)			1
	•			ay 1, 2004]
9.	MANAGING MEMBE	RS/MANAGERS	10.	TO A TO THE WARRANT	ADDITIONS/C	HANGES		
TITLE	MGR	☐ Defete	TITL	E		□ Ch	ange 🗀	Addition
NAME	MAXIM HEALTHCARE SERVICES.	INC.	NAL					į.
STREET ADDRESS CITY-ST-ZIP	7080 SAMUEL MORSE DRIVE COLUMBIA MD 21046			FET ADORESS (-ST-ZIP				j
TITLE	COLOMBIA MD 21048	Oelete	nn.			[] Ch	1000	Addition
NAME		C) Ceree	NAL				andre □	Addition
STREET ADDRESS			STR	EET ADDRESS				ì
CITY-ST-ZIP	<u></u>		cm	1-ST-ZIP				
TITLE	1	☐ Delete	ΠTL			[] Ch	ange 🔲	Addition
NAME STREET ADDRESS	ال ها المستقدية المستقديم المستقدية المستقدية المستقدية المستقدية المستقدية المستقدية المستقدية المستقديم المستقدية المستقدية المستقدية المستقدية المستقديم المستقدية	-	NAA CTU	AE Eet aödress	يستراحك العادي الأحاسيين براي		E .:	-
CITY-ST-ZIP	1		-	r-ST-ZIP				· ·
TITLE	 	☐ Delete	m			□ Ch	ange 🔲	Addition
NAME			NAN	ne.				l
STREET ADDRESS				EET AOORESS				ļ
CITY-ST-ZIP	 	_ 	-	(-ST-ZIP		 _		
TITLE		☐ Dedete	ш			Ch	ange 🗀	Addition
NAME STREET ADDRESS			NAA STR	EET ADDRESS				}
CITY-ST-ZIP				r-ST-ZIP				1
TITLE		☐ Delete	TITL	E .		□ Ch	ange 🔲	Addition
NAME			NAA					Ì
STREET ADORESS CITY-ST-ZIP	[- 1	EET AUDRESS				
 	Land the State of	nii etta dan a a a a a		7-ST-2IP	140 67(DV) C 111 6 11			
) indicated	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or truste	l that my signature shall have	the sam	e legal effect as if	made under oath; that I am a managir	unner centry that ng member or m	me intorm ine per of ti	ation

SIGNATURE: SIGNATURE AND TYPED OR BEDYTTO NAME OF SIGNAL MANAGER ANAGER OR AUTHORIZED REPRESENTATIVE

4/7/04

410-910-1460