


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-26-2004 90039 015 *****55.00

DOCUMENT # M03000003856																																																																				
1. Entity Name MHS MEDICAL SOLUTIONS, LLC CAREMAX MEDICAL RESOURCES, LLC																																																																				
Principal Place of Business 7080 SAMUEL MORSE DRIVE COLUMBIA MD 21046			Mailing Address 7080 SAMUEL MORSE DRIVE COLUMBIA MD 21046																																																																	
2. Principal Place of Business			3. Mailing Address																																																																	
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																	
City & State			City & State																																																																	
Zip	Country	Zip	Country	4. FEI Number 52-1590951																																																																
				Applied For <input type="checkbox"/> Not Applicable																																																																
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																																																																				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																																																																	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			Name																																																																	
			Street Address (P.O. Box Number is Not Acceptable)																																																																	
			City																																																																	
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																	
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 _____ (NOTE: Registered Agent signature required when designating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																																																				
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																																																																				
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MAXIM HEALTHCARE SERVICES, INC.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7080 SAMUEL MORSE DRIVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>COLUMBIA MD 21046</td> <td></td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY- ST- ZIP</td><td></td><td></td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	MAXIM HEALTHCARE SERVICES, INC.		STREET ADDRESS	7080 SAMUEL MORSE DRIVE		CITY- ST- ZIP	COLUMBIA MD 21046																							TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY- ST- ZIP																				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.																																																																				
SIGNATURE: <u><i>Lisa A. Steward</i></u> <u>4/7/04</u> <u>910-910-1460</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																																																				