

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000003856

1. Entity Name  
CAREMAX MEDICAL RESOURCES, LLC



Principal Place of Business  
7080 SAMUEL MORSE DRIVE  
COLUMBIA, MD 21046

Mailing Address  
7080 SAMUEL MORSE DRIVE  
COLUMBIA, MD 21046



01072005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
81-0637976

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

UD0000364483  
05/06/05-80046-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
MAXIM HEALTHCARE SERVICES, INC.  
7080 SAMUEL MORSE DRIVE  
COLUMBIA, MD 21046

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rene A. Stepanek R.A. STEPANEK 4/20/05 410-910-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #