2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2006 08:00 A
Secretary of State

DOCUMENT # M03000003856

1. Entity Name
CAREMAX MEDICAL RESOURCES, LLC

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

DO NOT WRITE IN THIS SPACE

04262006 No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

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

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11. 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 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: Rose A. Stepanek 4/26/06 410-910-1462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #