

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90015 023 ****55.00

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**

7227 LEE DEFOREST DR.

7227 LEE DEFOREST DR.

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

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

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

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☒ Change ☐ Addition
NAME **7227 LEE DEFOREST DR.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*

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

Date

Daytime Phone #

1/8/07

410-910-1460