


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90363 050 \*\*\*\*55.00


<b>DOCUMENT # M97000000399</b>	
1. Entity Name <b>MAXIM HEALTH SYSTEMS, LLC</b>	

Principal Place of Business <b>7080 SAMUEL MORSE DR COLUMBIA, MD 21046</b>	Mailing Address <b>7080 SAMUEL MORSE DR COLUMBIA, MD 21046</b>
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2. Principal Place of Business - No P.O. Box # <b>7227 LEE DEFOREST DR</b>	3. Mailing Address <b>7227 LEE DEFOREST DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>COLUMBIA, MD</b>	City & State <b>COLUMBIA, MD</b>
Zip <b>21046</b>	Zip <b>21046</b>
Country <b>USA</b>	Country <b>USA</b>

**40117351**



05092007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>52-1968516</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 14, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRANCHAK, DAVID 7080 SAMUEL MORSE DR COLUMBIA, MD 21046</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WYNNE, BRIAN T 7080 SAMUEL MORSE DR COLUMBIA, MD 21046</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **ROSE A. STEPANEK** 5/9/07 410-910-1460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #