2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# M97000000399

Entity Name: MAXIM HEALTH SYSTEMS, LLC

Current Principal Place of Business:

7227 LEE DEFOREST DR
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

7227 LEE DEFOREST DR
COLUMBIA, MD 21046

New Mailing Address:

FEI Number: 52-1968516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FRANCHAK, DAVID
Address: 7080 SAMUEL MORSE DR
City-St-Zip: COLUMBIA, MD 21046

Title: P ( ) Delete
Name: WYNNE, BRIAN T
Address: 7080 SAMUEL MORSE DR
City-St-Zip: COLUMBIA, MD 21046

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRANCHAK, DAVID
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046

Title: P (X) Change ( ) Addition
Name: WYNNE, BRIAN T
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 TAX 01/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date