

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000399

FILED
Jan 18, 2012
Secretary of State

Entity Name: MAXIM HEALTH SYSTEMS, LLC

Current Principal Place of Business:

7227 LEE DEFOREST DR
COLUMBIA, MD 21046 US

New Principal Place of Business:

Current Mailing Address:

7227 LEE DEFOREST DR
COLUMBIA, MD 21046 US

New Mailing Address:

FEI Number: 52-1968516

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: MGR
Name: MAXIM HEALTHCARE SERVICES, INC.
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: PRES
Name: BENNETT, W. BRADLEY
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: CEO
Name: BENNETT, W. BRADLEY
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: VP
Name: BARLAG, BRETT E
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

Title: CFO
Name: BARLAG, BRETT E
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: CLUMBIA, MD 21046 US

Title: SEC
Name: LISA, TINI-JEAN
Address: 7227 LEE DEFOREST DRIVE
City-St-Zip: COLUMBIA, MD 21046 US

I hereby 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: BRETT E. BARLAG

CFO

01/18/2012

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