

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90092 012 ***158.75

DOCUMENT # P29617

1. Entity Name
MAXIM HEALTHCARE SERVICES, INC.



40003965

Principal Place of Business
~~7080 SAMUEL MORSE DRIVE~~
COLUMBIA, MD 21046 US

Mailing Address
~~7080 SAMUEL MORSE DRIVE~~
COLUMBIA, MD 21046 US

2. Principal Place of Business - No P.O. Box # **DR. 7227 LEE DEFOREST**
Suite, Apt. #, etc.

3. Mailing Address
7227 LEE DEFOREST DR.
Suite, Apt. #, etc.

01032007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
52-1590951

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when translating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **WYNNE, BRIAN**
STREET ADDRESS ~~7080 SAMUEL MORSE DRIVE~~
CITY- ST- ZIP **COLUMBIA, MD 21046**

TITLE **VPST** ☐ Delete
NAME **FRANCHAK, DAVID**
STREET ADDRESS ~~7080 SAMUEL MORSE DR~~
CITY- ST- ZIP **COLUMBIA, MD 21046**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID FRANCHAK 410-910-1500

Date Daytime Phone #