2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2012
Secretary of State

DOCUMENT# P29617

Entity Name: MAXIM HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046 US

New Principal Place of Business:

Current Mailing Address:

7227 LEE DEFOREST DRIVE
COLUMBIA, MD 21046 US

New Mailing Address:

FEI Number: 52-1590951 **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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: BARLAG, BRETT E
Address: 7227 LEE DE FOREST DR
City-St-Zip: COLUMBIA, MD 21046

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

Title: DIR
Name: DAVIS, JAMES C
Address: 7301 PARKWAY DRIVE
City-St-Zip: HANOVER, MD 21076

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

Title: DIR
Name: URBANOWICZ, PETER
Address: 2001 K STREET N.W. STE. 803
City-St-Zip: WASHINGTON, DC 20006

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRETT E. BARLAG VP 01/18/2012

Electronic Signature of Signing Officer or Director Date