

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001834

Entity Name: MAXIM PHYSICIAN RESOURCES, LLC**Current Principal Place of Business:**7227 LEE DEFOREST DR
COLUMBIA, MD 21046-3236**Current Mailing Address:**7227 LEE DEFOREST DR
COLUMBIA, MD 21046-3236 US**FEI Number:** 51-0580120**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US*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**Authorized Person(s) Detail :**

Title	MEMBER
Name	MAXIM HEALTHCARE STAFFING SERVICES, INC.
Address	7227 LEE DEFOREST DR
City-State-Zip:	COLUMBIA MD 21046-3236

Title	VP, SECRETARY, GENERAL COUNSEL
Name	LISA, TONI-JEAN
Address	7227 LEE DEFOREST DR
City-State-Zip:	COLUMBIA MD 21046-3236

Title	PRESIDENT, CEO, DIRECTOR
Name	BUTZ, WILLIAM
Address	7227 LEE DEFOREST DR
City-State-Zip:	COLUMBIA MD 21046-3236

Title	VP, CFO, TREASURER
Name	CARBONE, RAYMOND
Address	7227 LEE DEFOREST DR
City-State-Zip:	COLUMBIA MD 21046-3236

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND CARBONE

VICE PRESIDENT

04/23/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date