



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
02/10/2022	202204003386	FICTITIOUS NAME REGISTRATION (NFO)	39.00	100.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
DEANNE E. SCHAUSEIL
50 W. BROAD STREET
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose
4816369

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

MAXIM HEALTH INFORMATION SERVICES

and, that said business records show the filing and recording of:

Document(s)

FICTITIOUS NAME REGISTRATION

Effective Date: 02/09/2022

Document No(s):

202204003386

Expiration Date: 02/09/2027

MAXIM HEALTHCARE STAFFING SERVICES, INC.
7227 LEE DEFOREST DR.
COLUMBUS, MD 21046



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
10th day of February, A.D. 2022.

Ohio Secretary of State

02-09-'22 09:59 FROM- WHR

614-628-0655

T-769 P0002/0003 F-868

Form 534A Prescribed by:



Toll Free: 877.767.3453

Central Ohio: 614.466.3910

OhioSoS.gov

business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 670

Columbus, OH 43216

Expedite Filing (Two business day processing time,
Requires an additional \$100.00)

P.O. Box 1390

Columbus, OH 43216

For screen readers, follow instructions located at this path.

Name Registration

Filing Fee: \$39

Form Must Be Typed

CHECK ONLY ONE (1) Box

☐ Trade Name
(167-RNO)

Date of first use:

MM/DD/YYYY

☒ Fictitious Name
(169-NFO)

Maxim Health Information Services

Name being Registered or Reported

Maxim Healthcare Staffing Services, Inc.

Name of the Registrant

Note: If the registrant is a partnership, please provide the name of the partnership. Individual partner names are not permitted but are required on page 2 of the form.

Registrant's Entity Number (if registered with Ohio Secretary of State): 4312471

All registrants must complete the information in this section

The general nature of business conducted by the registrant:

Temporary medical Staffing

Business address:

7227 Lee DeForest Dr

Mailing Address

Columbia

City

MD

State

21046

ZIP Code

2022 FEB -9 AM 10:06

02-09-'22 10:00 FROM- WHR

614-628-0655

T-769 P0003/0003 F-868

Complete the information in this section if registrant is a partnership NOT registered in Ohio pursuant to ORC 1778. If partnership is registered, provide registration number on page one.

Provide the name and address of at least one general partner:

Name

Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation/limited liability company, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation/limited liability company licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required
Application must be
signed by the registrant or
an authorized representative.

Signature

If authorized representative
is an individual, then they
must sign in the "signature"
box and print their name
in the "Print Name" box.

By (if applicable)

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.