2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000120672

Entity Name: MIDNIGHT CARE SERVICE, CORP.

FILED Jan 10, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|----------------------------------|---|--------------------------------------|
| 13501 S.W. 136 STREE 207 MIAMI, FL 33186 | Т | | |
| Current Mailing Address: | | New Mailing Address: | |
| 13501 S.W. 136 STREE 207 MIAMI, FL 33186 | Т | | |
| FEI Number: 26-1366821 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| AGUILA, ANISLEY 13501 S.W. 136 STREE 207 MIAMI, FL 33186 US | Т | | |
| The above named entity in the State of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATURE: | | | |
| Electronic Signature of Registered Ager | | ent | Date |

OFFICERS AND DIRECTORS:

Title: PD

 Name:
 AGUILA, ANISLEY

 Address:
 13501 S.W. 136 STREET

 City-St-Zip:
 MIAMI, FL 33186

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: ANISLEY AGUILA PD 01/10/2012