2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076565

Entity Name: MED AIDE SERVICES INCORPORATED

FILED Feb 11, 2012 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|------------------------------------|--|
| | I STREET ALM BEACH, FI | _ 33407 | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | I STREET ALM BEACH, FI | _ 33407 | | |
| FEI Numbe | r: 65-0464446 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| 835 37TH | S, MERLYN P I STREET ALM BEACH, FI | _ 33407 US | | |
| | e named entity te of Florida. | submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, |
| SIGNATU | JRE: | | | |
| | Electror | nic Signature of Registered Age | ent | Date |
| OFFICER | RS AND DIREC | TORS: | | |
| Title: Name: | P ROBERTS, ME | RLYN | | |
| Address: | 835 37TH STRI | FFT | | |

City-St-Zip: WEST PALM BEACH, FL 33407

VSTC

ROBERTS, MERLYN Name: Address: 835 37TH STREET

WEST PALM BEACH, FL 33407 City-St-Zip:

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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MERLYN ROBERTS Ρ 02/11/2012