2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Aug 14, 2003 8:00 am Secretary of State P02000099848 **DOCUMENT #** 08-14-2003 90068 032 ***158.75 1. Entity Name OASIS TEMPS HEALTH CARE, INC. Principal Place of Business Mailing Address 6611 FIRST STREET WEST 6611 FIRST STREET WEST **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 38-72914 Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. HENRY, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 6611 FIRST STREET WEST **BRADENTON FL 34207** Zip Code City 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE HENRY, JOSEPH NAME NAME 6611 FIRST STREET WEST STREET ADDRESS STREET ADDRESS **BRADENTON FL 34207** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND T

☐ Delete

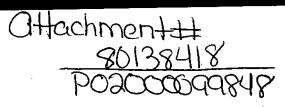
8-11-03

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☐ Change

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FILED



OASIS TEMPS HEALTH CARE, INC.

6611 Ist Street West, Bradenton, Florida 34207 Tel. (941) 751-2969/Fax (941) 756-6007, Cell Nos. (941) 545-8067/224-5713 License No. 30211114/Medicaid

11 August 2003

DIVISION OF CORPORATIONS 2003 UNIFORM BUSINESS REPORT P.O. Box 6327 Tallahassee, FL 32314

Dear Sir:

I am writing to inform you that I did not receive the Uniform Business Report 2003 that was to be filed by June 6, 2003.

I am requesting for penalty fee waiver. Enclosed is my fee of \$150.00 along with additional \$8.75 for Certificate Status. Also enclosed is the signed copy of 2003 Uniform Business Report.

Your cooperation in this matter is highly appreciated.

Sincerely yours,

JOSEPH P. HENRY

Administrator

OASIS Temps Health Care, Inc.