2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 14, 2003 8:00 am
Secretary of State
08-14-2003 90068 032 ***158.75

DOCUMENT # P02000099848

1. Entity Name
OASIS TEMPS HEALTH CARE, INC.

Principal Place of Business	Mailing Address
6611 FIRST STREET WEST BRADENTON FL 34207	6611 FIRST STREET WEST BRADENTON FL 34207

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 22-38-72914 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRY, JOSEPH 6611 FIRST STREET WEST BRADENTON FL 34207	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JOSEPH 6611 FIRST STREET WEST BRADENTON FL 34207	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (4/03)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Joseph Henry 8-11-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment #1
801384 18
P02000099848

OASIS TEMPS HEALTH CARE, INC.
6611 1st 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

JOSEPH P. HENRY
Administrator
OASIS Temps Health Care, Inc.