

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091439

FILED  
Jul 01, 2005  
Secretary of State

Entity Name: OASIS HOME CARE INC.

**Current Principal Place of Business:**

901 NORTHPOINT PARKWAY  
SUITE 115  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

901 NORTHPOINT PARKWAY  
SUITE 115  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-0878332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CHRISTMAN-GRAVER, COLLEEN  
2095 RADNOR COURT  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CHRISTMAN-GRAVER, COLLEEN  
Address: 2095 RADNOR CT  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: COLLEEN CHRISTMAN-GRAVER

P

07/01/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date