

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000016115

**Entity Name:** OASIS MEDICAL CENTER CORP

**Current Principal Place of Business:**

8150 SW 8 ST  
#118  
MIAMI, FL 33144

**Current Mailing Address:**

8150 SW 8 ST  
#118  
MIAMI, FL 33144

**FEI Number:** 20-8484004

**Certificate of Status Desired:** No

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

AGUILAR, FELIPE  
8150 SW 8 ST  
#118  
MIAMI, FL 33144 US

*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

**Officer/Director Detail :**

Title PD  
Name AGUILAR, FELIPE  
Address 8150 SW 8 ST #118  
City-State-Zip: MIAMI FL 33144

*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:** FELIPE AGUILAR

**OWNER**

**01/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date