

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000091439

**Entity Name:** OASIS HOME CARE INC.

**Current Principal Place of Business:**

1511 PROSPERITY FARMS RD  
STE 300  
LAKE PARK, FL 33403

**Current Mailing Address:**

1511 PROSPERITY FARMS RD  
STE 300  
LAKE PARK, FL 33403 US

**FEI Number:** 65-0878332

**Certificate of Status Desired:** Yes

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

CHRISTMAN-GRAVER, COLLEEN  
1511 PROSPERITY FARMS RD  
STE 300  
LAKE PARK, FL 33403 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 P  
Name CHRISTMAN-GRAVER, COLLEEN  
Address 1511 PROSPERITY FARMS RD, STE  
300  
City-State-Zip: LAKE PARK FL 33403

*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:** COLLEEN CHRISTMAN-GRAVER

**PRESIDENT**

**03/11/2014**

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

\_\_\_\_\_  
Date