

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000174276

Entity Name: OASIS FAMILY PRACTICE, LLC

Current Principal Place of Business:

951 NE 167TH STREET
SUITE 102
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

951 NE 167TH STREET
SUITE 102
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 47-2280280

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DWYER, GRACE A MD
1251 SW 70TH AVE
PLANTATION, FL 33317 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	DOYLE, ARNOLD A	Name	DWYER, GRACE A
Address	951 NE 167TH STREET SUITE 102	Address	951 NE 167TH STREET SUITE 102
City-State-Zip:	NORTH MIAMI BEACH FL 33162	City-State-Zip:	NORTH MIAMI BEACH FL 33162

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GRACE A. DWYER

MANAGER

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date