

**2020 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:** No

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

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

Title MGR  
Name DWYER, GRACE A  
Address 951 NE 167TH STREET  
SUITE 102  
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:** ARNOLD DOYLE

**OFFICE MANAGER**

**03/07/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date