

2019 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
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

MANAGER

02/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date