

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000002953

Entity Name: OASIS HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

12923 WEST HWY 42
PROSPECT, KY 40059

Current Mailing Address:

12923 WEST HWY 42
PROSPECT, KY 40059

FEI Number: 20-8105706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSER, STEVEN
2020 HARBOURSIDE DR.
UNIT 452
LONGBOAT KEY, FL 34228 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	MOSER, STEVEN	Name	VANDEBUR, SHARON
Address	2020 HARBOURSIDE DR, UNIT 452	Address	470 MANDALAY AVE, UNIT 404
City-State-Zip:	LONGBOAT KEY FL 34228	City-State-Zip:	CLEARWATER BEACH FL 33767

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: STEVEN MOSER

MGR

02/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date