

2024 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000002953

Entity Name: OASIS HEALTHCARE MANAGEMENT, LLC

Current Principal Place of Business:

384 ARUBA CIRCLE
UNIT 402
BRADENTON, FL 34209

Current Mailing Address:

384 ARUBA CIRCLE
UNIT 402
BRADENTON, FL 34209 US

FEI Number: 20-8105706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AUTHORIZED MEMBER
Name OASIS HEALTHCARE MANAGEMENT
Address 384 ARUBA CIR, UNIT 402
City-State-Zip: BRADENTON FL 34209

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

AUTHORIZED MEMBER

07/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date