

**2023 FOREIGN LIMITED LIABILITY COMPANY 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:**

12923 WEST HWY 42  
PROSPECT, KY 40059

**FEI Number:** 20-8105706

**Certificate of Status Desired:** Yes

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

MOSEY, STEVEN  
384 ARUBA CIR  
UNIT 402  
BRADENTON, FL 34209 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            MOSER, STEVEN  
Address        384 ARUBA CIR, UNIT 402  
City-State-Zip: BRADENTON FL 34209

Title            MGR  
Name            VANDERBUR, SHARON  
Address        470 MANDALAY AVE, UNIT 404  
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:** MOSER, STEVEN

**MANAGER**

**01/07/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date