2000 UNIFORM BUSINESS REPORT (UBR)

Mar 03, 2000 8:00 am Secretary of State **DOCUMENT # K27472** OASIS MEDICAL CENTER, INC. 03-03-2000 90264 010 ***150.00 . . Mailing Address Principal Place of Business 102 & 486 FISHERMAN STREET 482 & 486 FISHERMAN STREET OPALOCKA FL 33054 CKA FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0058020 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SANTANA, RUBEN Street Address (P.O. Box Number is Not Acceptable) 7850 GRAND CANAL DRIVE MIAM) FL 33144 City Zip Code 8. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/99) TDS Change ☐ Addition TITI F ☐ Delete TITLE Santana, Elda NAME NAME 7850 GRAND CANAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33144 ☐ Change Addition TITLE ☐ Delete SANTANA, RUBEN NAME 7850 GRAND CANAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP **MIAMI FL 33144** Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

IGNING OFFICER OR DIRECTOR

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

changed; or on an attack

SIGNATURE:

FILED

Daytime Phone #