


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

05-10-2007 90419 045 ****50.00
 05-31-2007 90151 005 ****50.00

DOCUMENT # L06000059133

1. Entity Name
OASIS MEDICAL SPA, L.L.C.




Principal Place of Business Mailing Address
5915 PONCE DE LEON BLVD., SUITE 60 **5915 PONCE DE LEON BLVD., SUITE 60**
CORAL GABLES, FL 33146 **CORAL GABLES, FL 33146**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
2475 NW 95 Ave. **2475 NW 95 Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 6 **Suite 6**

City & State City & State
Doral FL **Doral FL**
 Zip Country Zip Country
33172 USA **33172 USA**

30012011



04142007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
02 0781767 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BENDER, HARRY K
C/O BENDER, BENDER & CHANDLER, P.A.
5915 PONCE DE LEON BLVD., SUITE 60
CORAL GABLES, FL 33146

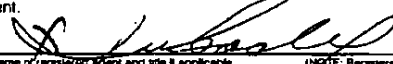
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **11-14-07**

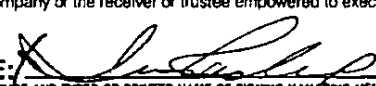
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADRON, IRIS 5915 PONCE DE LEON BLVD., SUITE 60 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE  DATE **11-14-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

IRIS PADRON