

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084833

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** OASIS PULMONARY AND SLEEP MEDICINE, LLC

**Current Principal Place of Business:**

8980 SOUTH HIGHWAY U.S. 1  
SUITE 101  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

8980 SOUTH HIGHWAY U.S. 1  
SUITE 101  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

**FEI Number:** 26-3321243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KANCILIA, JOHN R  
1795 WEST NASA BOULEVARD  
MELBOURNE, FL 32901 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PANDYA, KAMLESH P M.D.  
**Address:** 8980 SOUTH HIGHWAY U.S. 1, SUITE 101  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: KAMLESH PANDYA

MGR

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date