

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004465

FILED
Feb 13, 2009
Secretary of State

Entity Name: OASIS NETWORK OF NEW TAMPA, INC.

Current Principal Place of Business:

6100 TAMPA PALMS BLVD.
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

16057 TAMPA PALMS BLVD. WEST, #315.
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3715732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRUBER, LYNN
16057 TAMPA PALMS BLVD. WEST, #315
TAMPA, FL 336472001 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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: NORMAN, GAIL
Address: 4909 LONDONDERRY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: S () Delete
Name: BLADON, CONNIE
Address: 15316 SHERWOOD FOREST
City-St-Zip: TAMPA, FL 33647

Title: EXD () Delete
Name: BEAN, GINGER
Address: 4913 LONDONDERRY DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: WHITEHEAD, KELLY
Address: 7213 WAREHAM DR.
City-St-Zip: TAMPA, FL 33647

Title: CHR () Delete
Name: GRUBER, LYNN
Address: 16350 HEATHROW DR.
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN GRUBER

CHR

02/13/2009

Electronic Signature of Signing Officer or Director

Date