

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008929

FILED  
Apr 23, 2008  
Secretary of State

Entity Name: OASIS TREATMENT CENTER, INC.

## Current Principal Place of Business:

918 RIDGEWOOD AVE  
HOLLY HILL, FL 32117 US

## Current Mailing Address:

918 RIDGEWOOD AVE  
HOLLY HILL, FL 32117 US

## New Principal Place of Business:

1635 SO RIDGEWOOD AVE  
STE 226  
SO DAYTONA, FL 32119 US

## New Mailing Address:

1635 SO RIDGEWOOD AVE  
STE 226  
SO DAYTONA, FL 32119 US

FEI Number: 20-5429175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUKILL, BEVERLY  
119 CYPRESS POND RD  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

CLARK, SUSAN  
6226 CRANBERRY DR  
PORT ORANGE, FL 32127 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: SUSAN CLARK

04/23/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUKILL, BEVERLY  
Address: 119 CYPRESS POND RD  
City-St-Zip: PORT ORANGE, FL 32127 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: HUKILL, BEVERLY  
Address: 119 CYPRESS POND RD  
City-St-Zip: PORT ORANGE, FL 32127 US

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: BEVERLY HUKILL

CEO

04/23/2008

Electronic Signature of Signing Officer or Director

Date