

NIS000001376

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TALLAHASSEE, FLORIDA

And
MAY 04 2015
R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Oasis Health and Wellness Center, Inc.

DOCUMENT NUMBER: N15000001376

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Josephine Adelufosi

(Name of Contact Person)

Oasis Health and Wellness Center, Inc.

(Firm/ Company)

5438 Trouble creek road

(Address)

New Port Richey, Florida. 34652

(City/ State and Zip Code)

info@oasishealthandwellnesscenter.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Josephine Adelufosi

at 813 841-1831
(Area Code) (Daytime Telephone Number)

(Name of Contact Person)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|--|--|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

15 APR 27 PM 3:41

Oasis Health and Wellness Center, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

N15000001376

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this **Florida Not For Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| <u>Type of Action</u> (Check One) | <u>Title</u> | <u>Name</u> | <u>Address</u> |
|---|--------------|------------------------------|---|
| 1) <input checked="" type="checkbox"/> Change | <u>DP</u> | <u>Josephine Adelufosi</u> | <u>3636 Peppervine pl</u> |
| <input type="checkbox"/> Add | | | <u>Wesley Chapel, Florida</u> |
| <input type="checkbox"/> Remove | | | <u>33544</u> |
| 2) <input checked="" type="checkbox"/> Change | <u>DV</u> | <u>Julius Ben Acquaaah</u> | <u>P.O.Box 844</u> |
| <input type="checkbox"/> Add | | | <u>Lutz Florida</u> |
| <input type="checkbox"/> Remove | | | <u>33548</u> |
| 3) <input checked="" type="checkbox"/> Change | <u>DT</u> | <u>Soma Surujlall</u> | <u>475 Water run</u> |
| <input type="checkbox"/> Add | | | <u>Ocala, Florida</u> |
| <input type="checkbox"/> Remove | | | <u>34472</u> |
| 4) <input type="checkbox"/> Change | <u>D</u> | <u>Jawan Ayer-Cole, M.D.</u> | <u>800 W Dr Martin Luther King jr blv</u> |
| <input checked="" type="checkbox"/> Add | | | <u>#4, Tampa, Florida</u> |
| <input type="checkbox"/> Remove | | | <u>33603</u> |
| 5) <input checked="" type="checkbox"/> Change | <u>DS</u> | <u>Jacqueline Joseph</u> | <u>206 W. 109th Ave</u> |
| <input type="checkbox"/> Add | | | <u>Tampa, Florida 33612</u> |
| <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change | | | |
| <input type="checkbox"/> Add | | | |
| <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

Oasis Health and Wellness Center, Inc.

Document N15000001376

EIN #: 47-3092349

Article III (Replace) The corporation shall operate exclusively for charitable and educational purposes under section 501(c)(3) of the Internal Revenue Code as follows:

The specific purpose for which this corporation is organized is:

Oasis Health and Wellness Center, Inc(EIN# 47-3092349) is a non profit organization whose core mission is to make health care accessible to the Uninsured and Underserved primarily in the Pasco county of Florida. The Center will provide primary care, by treating chronic illnesses and non-emergent acute conditions; provide mental health, health literacy, and healthy lifestyle in collaboration with other Organizations in the community.

Article VIII (add) No part of the net earnings of this corporation shall inure to the benefit of, or be distributable to its members, trustees, officers or other private persons except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501(c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code or (b) by an organization, contributions to which are deductible under section 170 (c)(2) of the internal Revenue Code, or corresponding section of any future federal tax code.

Article IX (replace) Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for the public purpose.

April 23rd, 2015

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

April 23rd, 2015

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

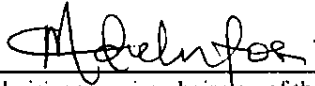
Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

April 23rd, 2015

Dated _____

Signature



(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Josephine Adelufosi

(Typed or printed name of person signing)

Director President

(Title of person signing)