PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMEN	Control of Alego	DIVIS	Secreta SION OF	TEMENT OF S ry of State corporations 2 (2) 1 2 3 1 1	TATE		05	FILE		
DOCU	JMENT #	N96000002	087				05 APR -6 AM 9:01 SECRETARY OF STATE TALLAHASSEE, FLORIDA				
	Oasis Me	dical Minist	ry, Inc.	,					, , , , , , , , , , , , , , , , , , ,	COMBA	
2 Principal	I Office Address		3. Malling Office Address							·	
·	Ex <u>pres</u> sway	8057 Arlington Expressway n							ATT	- 35	
Suite, Apt. #		LXPIESSWAY	Suite, Apt. #, etc.				FINSTATEMENT 03-05				
							4. Date Incorporated or Qualified To Do Business in Florida				
City & State			City & State				5. FEI Number Applied For				
	onville;	Florida ———	Jacksonville, Florida				59-3393544 Not Applicable				
32211	Ď	ouval —————————	^{Zip} 32211		Duval	ı	G. CERTIFICATE	OF STATU	S DESIRED 🔲 \$8	3.75 Additional for a Certificate	Fee required of Status
7. Name and Address of Current Registered Agent											· ·
`	Name W. Morgan Speer										
	Street Address	(P.O. Box Number is N	000051350740 04/20/0501011017 **358,15								
4	1800 Australian Avenue South								1011017	**358.	5
	Suite 100										
i,	City	West Palm B	each		· 			State FL	Zip Code 33409		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date February 25, 2005 REGISTERED AGENT MUST SIGN											
9. Names	and Street Addre	sses of Each Officer and	i/or Director (Flo	rida nonp	profit corporations me	ust list at le	ast 3 directors)				
Titles				Street Addre Officer and			City / State / Zip				
_D/P	Dr. Migu		8057 Arlington Expre			essway Jacksonyille, <u>Florida 3221</u> 1					
D/VP	Gigi Rosada			8057 Arlington Expre			ssway Jacksonville, Florida 3221			32211	
D/S/T	Alicea	Alves		8057	Arlington	Expre	ssway	Jack	sonville,	Florida	32211
						,				·	
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·						,	·	,	·		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.											
SIGNATURE: 3/1/05 (904) 434-3734											<u> </u>

Roberts APR 13 2005