

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000002087</b> 1. Entity Name <b>OASIS MEDICAL MINISTRY, INC.</b>						
Principal Place of Business <b>8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>			Mailing Address <b>8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211</b>			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number <b>59-3393544</b>		
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>SPEER, W M 1800 AUSTRALIAN AVE S STE 100 WEST PALM BEACH, FL 33409</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. 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. I am familiar with, and accept the obligations of registered agent.			SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROSADA, MIGUEL DR. 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSADA, GIGI 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LAWRENCE, DEBORAH 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOLAS, JAMES R 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GYLAND, STEVE DR. 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____		<input type="checkbox"/> Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_____ _____ _____			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_____ _____ _____			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
<b>SIGNATURE:</b> _____ <b>4/12/06</b>						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						