2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr. 14, 2006 08:00 AN Secretary of State

DOCUMENT # N9600002087 1. Entity Name OASIS MEDICAL MINISTRY, INC.								Se	cretar			
Principal Place of Business 8057 ARLINGTON EXPRESSWAY 8057 ARLINGTON EXPRESSWAY JACKSONVILLE, FL 32211 ACKSONVILLE, FL 32211 BACKSONVILLE, FL 32211						Y	1 (1884) 1818 1818	in Allic Mails Baill Ba	ikk nukk mulik kibil	ORINI 15111 101		
2. Principal P	lace of Busin	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01122006	Chg-NP	CR2E037	(11/05)			
City & State	e	City & State				4. FEI Number 59-33935	44			plied For t Applicable		
Zip			Zip		Co	untry	5. Certificate of Status Desired					
6. Name and Address of Current Registered Agent Na							7. Name and Address of New Registered Agent					
SPEER, W M 1800 AUSTRALIAN AVE S STE 100					Street Address (P.O. Box Number is Not Acceptable)							
WEST PALM BEACH, FL 33409						City		•		Žip Čođe	3	
•									FL			
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.												
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SIGNATURE												
Filing Fee is \$61.25 Due by May 1, 2006 7. Election Campaign Filing Fee is \$61.25 Trust Fund Contribution							\$5.00 May Be Added to Fees		fake check rida Departi			
10.		OFFICERS AND DIR	ECTORS		11.		ADDITIONS/CHAN	GES TO OFFICE	RS AND DIRE	CTORS IN	10	
IIITE	DP			☐ Delete	IIIL	£		Linean		Change	Addition	
ROSADA, MIGUEL DR.			NAME V cross			- 1	U00000508696 04/28/06-80011-011 61.25					
STREET ADDRESS 8057 ARLINGTON EXPRESSWA' CITY-ST-ZIP JACKSONVILLE, FL 32211			B)			EET ADDRESS (-ST-ZIP		04728705	-80011-	nii pi	25	
TITLE	DV	Tricci, in ozzit		☐ Delete	III				euo ue	Change	☐ Addition	
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TITLE	DST	CE DEBORAL		☐ Delete	TITL NAA				1	Change	☐ Addition	
NAME LAWRENCE, DEBORAH STREET ADDRESS 8057 ARLINGTON EXPRESSWA			Y			EET ADDRESS						
CITY-ST-ZIP	1	WILLE, FL 32211			cm	r-ST-ZIP						
TITLE	D			☐ Delete	TIR	E				Change	☐ Addition	
NAME	1	S, JAMES R			NAA							
STREET ADDRESS CITY-ST-ZIP	1	.INGTON EXPRESSWA NVILLE, FL 32211	ιY			EET ADDRESS Y-ST-ZIP						
TITLE	D	AVILLE, I L OLLI I		☐ Defete	וזוז					Change	☐ Addition	
NAME	i -	, STEVE DR.		— 00.000	NAJ	- 1						
STREET ADDRESS	1	INGTON EXPRESSWA	Υ			EET ADDRESS.						
CITY-ST-ZIP	JACKSOI	NVILLE, FL 32211			_	Y-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME				☐ Delete	ITIT NAV	- 1				- 2-miles		
STREET ADDRESS						LEET ADDRESS.					· ·	
CITY-ST-ZIP		is a se ssion who				Y-ST-ZIP						
12. i hereby	certify that th	e information supplied with	this filing	does not qualify !	or the ex	emptions contained	in Chapter 119, F	forida Statutes.	I further certify	that the ir	or director	
	d on this	et ar europlamental canas is	trice on a				Sallie legal eners a			II SH OHIOSI		
of the co	d on this repo reporation or t	te information supplied with int or supplemental report is the receiver or trustee empo achment with an address, v	true anoi weredno vito ell'ori	executate and triat execute this reporter or like empowered	tas regu 1.	ired by Chapter 61	7, Florida Statutes;	and that my nar	ne appears in	Block 10 o	Block 11 if	