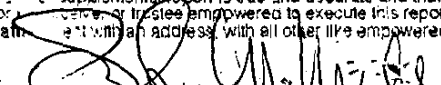


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92204 003 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

80111648

DOCUMENT # N98000006321			
OASIS BEHAVIORAL HEALTH CENTER, INC.			
Principal Place of Business 12204 SW 95 ST. MIAMI, FL 33186		Mailing Address 12204 SW 95 ST. MIAMI, FL 33186 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0771415		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLARES, SYLMA M 12204 SW 95 STREET MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when submitting)			
FILE NOW FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINEIRA, ANDRES REV. 1940 NW 16TH TERRACE #F-46 MIAMI, FL 33136 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTES, MARTA NW 169TH ST, APT C MIAMI LAKES, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARES, SYLMA M 12204 SW 95 ST. MIAMI, FL 33186 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a person authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attached sheet with an address, with all other like empowered.			
SIGNATURE: 		4/3/03 (305) 271-8509	
SIGNATURE AND TYPE, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	

NADP037 (7-002)