# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Oct 26, 2004**
**Secretary of State**

DOCUMENT# P03000025154

**Entity Name:** OASIS MEDICAL INSTITUTE, INC.

**Current Principal Place of Business:**

1350 SW 57 AVENUE
SUITE 105
MIAMI, FL 33144

**New Principal Place of Business:**

5854 W. FLAGLER ST
MIAMI, FL 33144

**Current Mailing Address:**

1350 SW 57 AVENUE
SUITE 105
MIAMI, FL 33144

**New Mailing Address:**

5854 W. FLAGLER ST
MIAMI, FL 33144

**FEI Number: 03-0509348** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOISES, DAVID
1350 SW 57 AVENUE
SUITE 105
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

MOISES, DAVID
5854 W. FLAGLER ST
MIAMI, FL 33144 US

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.

SIGNATURE: DAVID MOISES, M.D. 10/26/2004
Electronic Signature of Registered Agent Date

**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: MOISES, DAVID
Address: 1350 SW 57 AVENUE
City-St-Zip: MIAMI, FL 33144 US

Title: VP ( ) Delete
Name: ARMAS, EDDIE
Address: 1350 SW 57 AVENUE
City-St-Zip: MIAMI, FL 33144 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: MOISES, DAVID
Address: 5854 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144 US

Title: VP (X) Change ( ) Addition
Name: ARMAS, EDDIE
Address: 1350 SW 57 AVENUE SUITE 212
City-St-Zip: MIAMI, FL 33144 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MOISES, M.D. P 10/26/2004
Electronic Signature of Signing Officer or Director Date