

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000025154**

1. Entity Name  
OASIS MEDICAL INSTITUTE, INC.



Principal Place of Business  
5854 W. FLAGLER ST  
MIAMI, FL 33144

Mailing Address  
5854 W. FLAGLER ST  
MIAMI, FL 33144



04282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0509348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

U00000941048

05/28/08-80091-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	MOISES, DAVID
STREET ADDRESS	5854 W. FLAGLER ST
CITY-ST-ZIP	MIAMI, FL 33144

TITLE	VS
NAME	NIGRO, YVETTE M
STREET ADDRESS	601 SW 37 AVE., APT 406
CITY-ST-ZIP	MIAMI, FL 33135

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	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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.

**SIGNATURE:**

*David Moises M.D.*

04-28-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #