

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 04, 2008 8:00 am**  
**Secretary of State**

03-04-2008 90018 045 \*\*\*150.00

**DOCUMENT # P04000036727**

1. Entity Name

OASIS OF ST. LUCIE, INC.



Principal Place of Business

1920 SW BAYSHORE BLVD  
PORT SAINT LUCIE FL 34984

Mailing Address

1920 SW BAYSHORE BLVD  
PORT SAINT LUCIE FL 34984

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1185393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

GUTIERREZ, ROBERTO JR  
1920 SW BAYSHORE BLVD  
PORT SAINT LUCIE FL 34984

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME GUTIERREZ, ROBERTO  
STREET ADDRESS 4501 SW 102 PL  
CITY-ST-ZIP MIAMI-FL 33165

TITLE VP ☐ Delete  
NAME GUTIERREZ, ROBERTO  
STREET ADDRESS 4501 SW 1025 PL  
CITY-ST-ZIP MIAMI-FL 33165

TITLE MGRM ☐ Delete  
NAME GUTIERREZ, MARGARITA  
STREET ADDRESS 7436 BOB O' LINK WAY  
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7416 BOB O' LINK WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 7436 BOB O' LINK WAY  
CITY-ST-ZIP PORT ST. LUCIE, FL 34986

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/08

Date

(772) 336-6001

Daytime Phone #