2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036727

Entity Name: OASIS OF ST. LUCIE, INC.

7436 BOB O' LINK WAY

PORT SAINT LUCIE, FL 34986

Address: City-St-Zip: FILED Jan 06, 2009 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	BAYSHORE B NT LUCIE, FL				
Current Mailing Address:			New Mailing Address:		
	BAYSHORE B NT LUCIE, FL				
FEI Number	: 20-1185393	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
1920 SW E	EZ, ROBERTO BAYSHORE B NT LUCIE, FL	LVD			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	GUTIERREZ, F 7416 BOB O'L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GUTIERREZ, F 7346 BOB O'L		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	MGRM (GUTIERREZ, N) Delete //ARGARITA	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: MARGARITA GUTIERREZ MNGR 01/06/2009