2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# P04000156192

Entity Name: OASIS DENTAL ASSOCIATES, P.A.

Current Principal Place of Business:

10889 BLUE PALM STREET
PLANTATION, FL 33324

New Principal Place of Business:

10796 PINES BLVD
SUITE 203
PEMBOKE PINES, FL 33026

Current Mailing Address:

10889 BLUE PALM STREET
PLANTATION, FL 33324

New Mailing Address:

10796 PINES BLVD
SUITE 203
PLANTATION, FL 33324

FEI Number: 87-0736284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEMAN, ALEX E DR
10889 BLUE PALM STREET
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ALEMAN, ALEX E DR
10889 BLUE PALM ST
PLANTATION, FL 33324 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: ALEX E. ALEMAN DMD 04/13/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEMAN, ALEX E DR
Address: 10889 BLUE PALM STREET
City-St-Zip: PLANTATION, FL 33324

Title: V ( ) Delete
Name: GORMAN, MICHAEL A DR
Address: 4440 E SENECA AVE
City-St-Zip: WESTON, FL 33332

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: ALEX E. ALEMAN DMD PRES 04/13/2006
Electronic Signature of Signing Officer or Director Date