

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000156192

Entity Name: OASIS DENTAL ASSOCIATES, P.A.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

10796 PINES BLVD
SUITE 203
PEMBOKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

10796 PINES BLVD
SUITE 203
PLANTATION, FL 33324

New Mailing Address:

10796 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33026

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 ST
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

ALEMAN, ALEX E DR
10796 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33026 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

04/14/2009

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: P (X) Change () Addition
Name: ALEMAN, ALEX E DR
Address: 10796 PINES BLVD #203
City-St-Zip: PEMBROKE PINES, FL 33026

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

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.

SIGNATURE: ALEX E. ALEMAN DMD

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date