2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P04000156192

Entity Name: OASIS DENTAL ASSOCIATES, P.A.

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
PEMBROKE PINES, FL 33026

New Mailing Address:

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
10796 PINES BLVD
SUITE 203
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: ALEMAN, ALEX E DR
Address: 10796 PINES BLVD #203
City-St-Zip: PEMBROKE PINES, FL 33026

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

I hereby 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 all other like empowered.

SIGNATURE: ALEX E. ALEMAN DMD PRES 02/17/2011

Electronic Signature of Signing Officer or Director Date