


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90110 042 \*\*\*150.00

<b>DOCUMENT # P05000112285</b>	
1. Entity Name <b>OASIS DIAGNOSTIC CENTER, INC.</b>	

Principal Place of Business <b>70 &amp; 80 E 10TH AVENUE HIALEAH FL 33010</b>	Mailing Address <b>70 &amp; 80 E 10TH AVENUE HIALEAH FL 33010</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>70 &amp; 80 E 10 Ave</b> Suite, Apt. #, etc.
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City & State <b>Hialeah</b>	City & State <b>Hialeah</b>
Zip <b>33010</b>	Country <b>USA</b>

4. FEI Number <b>20 3308891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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6. Name and Address of Current Registered Agent <b>TAX DEFENSE CENTER, INC. 2350 W 84TH STREET #18 HIALEAH FL 33016</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
<b>P LUQUES, JOSE L 70 &amp; 80 E 10TH AVE HIALEAH FL 33010</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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1st MOORE

Fold report so address appears in window

replacement payment with service charge and report are not resubmitted within the prescribed time frame.