2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# P07000077437

Entity Name: OASIS MEDICAL INC.

Current Principal Place of Business:

5333 COLLINS AVE.
PENTHOUSE 9
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

415 WEST 49TH STREET
SUITE 2
HIALEAH, FL 33012 US

Current Mailing Address:

5333 COLLINS AVE.
PENTHOUSE 9
MIAMI BEACH, FL 33140 US

New Mailing Address:

3470 E COAST AVE.
#1001
MIAMI, FL 33137 US

FEI Number: 26-0523043 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARDO, JUAN A
5333 COLLINS AVE.
PENTHOUSE 9
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

PARDO, JUAN A
3470 E COAST AVE.
#1001
MIAMI, FL 33137 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: 04/30/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PARDO, JUAN A
Address: 5333 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PARDO, JUAN A
Address: 3470 E COAST AVE. #1001
City-St-Zip: MIAMI, FL 33137 US

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: JUAN A. PARDO P 04/30/2008
Electronic Signature of Signing Officer or Director — Date