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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):		
1. OASIS MEDI (Corporation Name)	CAL CENTER INC.	
2. (Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Pick up time Mail out	Certified Copy Photocopy Certificate of Status	
Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

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ARTICLES OF INCORPORATION

2008 MAR 19 A 9:45

SECRETARY OF STATE TALLAHASSEE. FLORIDA

OF

OASIS MEDICAL CENTER INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I: NAME

The name of the corporation shall be:

OASIS MEDICAL CENTER INC.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

42 NW 27th AVE STE 321 A MIAMI FL. 33125

ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES OF \$5.00 EACH (\$500.00)

ARTICLE IV: INITIAL REGISTERED AGENT & ADDRESS

The name and address of the initial registered agent is:

ARNIESKY TAPANES 6061 COLLINS AVE # 20 B MIAMI BEACH FL.33140

ARTICLE V: INCORPORATOR(S)

The name(s) and street address(es) of the incorporator (s) to these Articles of Incorporation is (are):

ARNIESKY TAPANES 6061 COLLINS AVE # 20 B MIAMI BEACH FL.33140

ARTICLE VI: DIRECTOR(S)

The name(s) of the director (s) in this corporation is (are):

ARNIESKY TAPANES - PRESIDENT 6061 COLLINS AVE # 20 B MIAMI BEACH FL.33140

The undersigned has (have) executed these Articles of Incorporation this $18\ \text{Days}$ of March 2008.

Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

OASIS MEDICAL CENTER INC.

2. The name and address of the registered agents and office is:

ARNIESKY TAPANES 6061 COLLINS AVE # 20 B MIAMI BEACH FL.33140

SIGNED: (orporate Officer)

TITLE:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:

DATE:

ALLAHASSETARY OF STALLAHASSEF. FLO

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