2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2010
Secretary of State

DOCUMENT# P08000089347

Entity Name: OASIS MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8980 S. US HIGHWAY 1
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

C/O JAGRUTI K. PANDYA
8980 S US 1 SUITE# 101
PORT ST LUCIE, FL 34952

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PANDYA, JAGRUTI K
8980 S US 1 SUITE # 101
PORT ST LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: SINGH, ROSHAN LAL
Address: 8980 S. US HIGHWAY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T
Name: PANDYA, JAGRUTI K
Address: 8980 S. US HIGHWAY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S
Name: PATEL, JAIMINI
Address: 8980 S. US HIGHWAY 1
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: JAGRUTI PANDYA MGRM 03/12/2010

Electronic Signature of Signing Officer or Director Date