

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089355

FILED
Apr 01, 2009
Secretary of State

Entity Name: OASIS MEDICAL CENTER OWNER'S 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
1717 BAYSHORE DRIVE
FORT PIERCE, FL 34949

New Mailing Address:

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

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PANDYA, JAGRUTI K
1717 BAYSHORE DRIVE
FORT PIERCE, FL 34949 US

Name and Address of New Registered Agent:

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

04/01/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAGRUTI PANDYA

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04/01/2009

Electronic Signature of Signing Officer or Director

Date