

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000100119

FILED
Jan 31, 2011
Secretary of State

Entity Name: OASIS ADULT DAY CARE CENTER, INC.

Current Principal Place of Business:

10705 NW 33 STREET
110
DORAL, FL 33172

New Principal Place of Business:

Current Mailing Address:

10705 NW 33 STREET
110
DORAL, FL 33172

New Mailing Address:

FEI Number: 27-1750117 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RUIZ, MICHAEL
10705 NW 33 STREET - SUITE 110
DORAL, FL 33172 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

OFFICERS AND DIRECTORS:

Title: P
Name: RUIZ, MICHAEL
Address: 10705 NW 33 STREET - SUITE 110
City-St-Zip: DORAL, FL 33172

Title: VP
Name: ALFONSO, ANA M
Address: 10705 NW 33 STREET - SUITE 110
City-St-Zip: DORAL, FL 33172

Title: S
Name: PERERA, JORGE
Address: 10705 NW 33 STREET - SUITE 110
City-St-Zip: DORAL, FL 33172

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: MICHAEL, RUIZ

PD

01/31/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date