

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P10000051491

FILED
Aug 29, 2013
Secretary of State

Entity Name: OASIS MED & REHAB. CENTER, CORP.

Current Principal Place of Business:

6595 NW 36 STREET
SUITE # 304-2
MIAMI, FL 33166

New Principal Place of Business:

5545 SW. 8 ST.
SUITE # 204
MIAMI, FL 33134

Current Mailing Address:

6595 NW 36 STREET
SUITE # 304-2
MIAMI, FL 33166

New Mailing Address:

5545 SW. 8 ST.
SUITE # 204
MIAMI, FL 33134

FEI Number: 20-8594335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRANCO MUNOZ, FRANCISCO
6595 NW 36 STREET
SUITE# 304-2
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

CALA, JUAN L
5545 SW. 8 ST.
SUITE# 204
MIAMI, FL 33134 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: JUAN L CALA

08/29/2013

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: CALA, JUAN L
Address: 5545 SW. 8 ST. SUITE 204
City-St-Zip: MIAMI, FL 33134

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: JUAN L. CALA

P

08/29/2013

Electronic Signature of Signing Officer or Director

Date