

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000084535

Entity Name: OASIS DENTAL, P.A.

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2707 KINGSTON RIDGE DRIVE  
ORLANDO, FL 34711

**New Principal Place of Business:**

610 NORTH MILLS AVENUE  
SUITE NO. 200  
ORLANDO, FL 32803

**Current Mailing Address:**

2707 KINGSTON RIDGE DRIVE  
ORLANDO, FL 34711

**New Mailing Address:**

610 NORTH MILLS AVENUE  
SUITE NO. 200  
ORLANDO, FL 32803

FEI Number: 27-3680911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE DENTAL LAW FIRM, PA  
4897 JOG ROAD  
GREENACRES, FL 33467 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: GANESSINGH, VARSHA  
Address: 2707 KINGSTON RIDGE DRIVE  
City-St-Zip: CLERMONT, FL 34711

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: VARSHA GANESSINGH

P

02/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date