

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091586

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** OASIS REJUVENATION CENTER, INC.

**Current Principal Place of Business:**

1377 DELTONA BLVD.  
SPRING HILL, FL 34606

**New Principal Place of Business:**

**Current Mailing Address:**

1377 DELTONA BLVD.  
SPRING HILL, FL 34606

**New Mailing Address:**

**FEI Number:** 45-3666304

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOSS, MICHAEL D.C.  
1377 DELTONA BLVD.  
SPRING HILL, FL 34606 US

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

MOSS, MICHAEL  
1377 DELTONA BLVD.  
SPRING HILL, FL 34606 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:** MICHAEL MOSS

04/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** MOSS, MICHAEL  
**Address:** 10370 WOODLAND WATERS BLVD  
**City-St-Zip:** WEEKI WACHEE, FL 34613

**Title:** DVPT  
**Name:** DARYL, MOSS  
**Address:** 10155 HOOVER STREET  
**City-St-Zip:** SPRING HILL, FL 34608

**Title:** DS  
**Name:** KULKARNI, SUHAS  
**Address:** 20052 NOB OAK AVENUE  
**City-St-Zip:** TAMPA, FL 33647

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 MOSS

DP

04/20/2012

Electronic Signature of Signing Officer or Director

Date