

P1500006089H

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

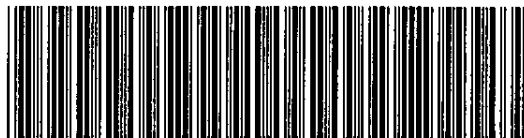
(Business Entity Name)

(Document Number)

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W.D. White

OCT 19 2015

R. WHITE

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OASIS CENTER CARE CORP

(Name of Corporation)

DOCUMENT NUMBER: P15000060896

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MILEIDY HERNANDEZ

(Name of Person)

OASIS CENTER CARE CORP

(Name of Firm/Company)

4023 SW 138 AVENUE

(Address)

MIAMI, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

MILEIDY HERNANDEZ at **(786) 443-0645**

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301


**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, MAYRELIS BARBERENA, hereby resign as VP
(Title)

of OASIS CENTER CARE CORP
(Name of Corporation)

P15000060896, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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