

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072101 (4)

1. Corporation Name
OASIS HOME HEALTH CARE, INC.

Principal Place of Business
1609 PROSPERITY FARMS ROAD
LAKE PARK FL 33403

Mailing Address
1609 PROSPERITY FARMS ROAD
LAKE PARK FL 33403-2026



3. Date Incorporated or Qualified
08/29/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

65-0697968

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEGEMAN, DAVID
1609 PROSPERITY FARMS ROAD
LAKE PARK FL 33403

81 Name
Colleen Christman GRAVER
82 Street Address (P.O. Box Number is Not Acceptable)
12787 Ellison Wilson Rd
83 N. Palm Beach, FL 33408
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Colleen Christman Graver

1/7/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
STEGEMAN, DAVID
1503 TALL OAKS AVENUE
DELRAY BEACH FL 33403

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
Delete of
ArtL. 5, 6, 7

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHRISTMAN-GRAVER, COLLEEN
12787 ELLISON WILSON
NO. PALM BEACH FL 33408

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
Pres, Tres

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Colleen Christman Graver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97 561-882-9734
Date Daytime Phone #

CR2E034 (9/96)