

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000005618

**Entity Name:** OASIS PREGNANCY CARE CENTERS CORP.**Current Principal Place of Business:**3632 LAND O' LAKES BOULEVARD  
SUITE 108  
LAND O LAKES, FL 34639**Current Mailing Address:**3632 LAND O' LAKES BOULEVARD  
SUITE 108  
LAND O LAKES, FL 34639 US**FEI Number:** 27-0204244**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIBBS LAW FIRM, P.A.  
4020 58TH AVE. NORTH  
ST. PETERSBURG, FL 33714 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title ASST. TREASURER

Name PORTER, SANDRA

Address 3422 FALLVIEW COURT

City-State-Zip: LAND O LAKES FL 34639

Title SEC

Name CROWLEY, CARISSA

Address 3632 LAND O' LAKES BOULEVARD  
SUITE 108

City-State-Zip: LAND O LAKES FL 34639

Title TREASURER

Name MILLER, SHAWN

Address 3632 LAND O' LAKES BOULEVARD  
SUITE 108

City-State-Zip: LAND O LAKES FL 34639

Title VP

Name GIANONNE, LARRY

Address 3632 LAND O' LAKES BOULEVARD  
SUITE 108

City-State-Zip: LAND O LAKES FL 34639

Title PRESIDENT

Name BARNES, DAVID

Address 3632 LAND O' LAKES BOULEVARD  
SUITE 108

City-State-Zip: LAND O LAKES FL 34639

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANDRA PORTER

ASSISTANT TREASURER 02/24/2025

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date