2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2014
Secretary of State
CC2579877185

DOCUMENT# N13000004339

Entity Name: #1 OASIS HEALTH CARE SERVICES INC.

Current Principal Place of Business:

2440 SE FEDERAL HWY SUITE T
STUART, FL 34994

Current Mailing Address:

2440 SE FEDERAL HWY SUITE T
STUART, FL 34994

FEI Number: 36-4761619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, JACQUELINE E
3189 SW FAAMBROUGH ST
PORT ST LUCIE, FL 34953 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	CEOD
Name	CAMPBELL, JACQUELINE E
Address	3189 SW FARMBROUGH ST
City-State-Zip:	PORT ST LUCIE FL 34953

Title	P
Name	LEMONIOUS, EVA S
Address	8020 N NOB HILL RD APT 303
City-State-Zip:	TAMARAC FL 33321

Title	BM
Name	WATSON, JACQUELINE C
Address	1441 SE MANTH LN
City-State-Zip:	PORT ST LUCIE FL 34983

Title	F
Name	CAMPBELL, JACQUELINE E
Address	3189 SW FARMBROUGH ST
City-State-Zip:	PORT ST LUCIE FL 34953

Title	VP
Name	BROWN, CHARLES J
Address	10017 EASTERN LAKE AVENUE APT #204
City-State-Zip:	ORLANDO FL 32817

Title	BM
Name	TAYLOR, LORRAINE
Address	1517 SW DYCUS AVE
City-State-Zip:	PORT ST LUCIE FL 34953

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: JACQUELINE E. CAMPBELL CEOD 05/27/2014

Electronic Signature of Signing Officer/Director Detail — Date