2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC5408450542

DOCUMENT# N13000004339

Entity Name: #1 OASIS HEALTH CARE SERVICES INC.

Current Principal Place of Business:

3189 SW FAMBROUGH STREET
PSL, FL 34953

Current Mailing Address:

3189 SW FAMBROUGH STREET
PSL, FL 34953 US

FEI Number: 36-4761619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAMPBELL, JACQUELINE E
3189 SW FAMBROUGH 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: JACQUELINE E CAMPBELL 04/30/2018

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

Title	P
Name	LEMONIOUS, EVA S
Address	3189 SW FAMBROUGH STREET
City-State-Zip:	PSL FL 34953

Title	VP
Name	BROWN, CHARLES J
Address	3189 SW FAMBROUGH STREET
City-State-Zip:	PSL FL 34953

Title	DIRECTOR
Name	BROWN, DENNIS
Address	3189 SW FAMBROUGH STREET
City-State-Zip:	PSL 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 CAMPBELL REGISTERED AGENT 04/30/2018

Electronic Signature of Signing Officer/Director Detail — Date