

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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 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

11/05/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title P
Name LEMONIOUS, EVA S
Address 2901 NORTH ROCK ISLAND ROAD
 303
City-State-Zip: TAMARAC FL 33063

Title VP
Name BROWN, CHARLES J
Address 9328 NELSON PARK CIRCLE
 APT #201
City-State-Zip: ORLANDO FL 32817

Title DIRECTOR
Name BROWN, DENNIS
Address 9328 NELSON PARK CIRCLE
 201
City-State-Zip: ORLANDO FL 32817

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

CEO

11/05/2015

Electronic Signature of Signing Officer/Director Detail

Date