2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003
Secretary of State

DOCUMENT# P02000094204

Entity Name: COAST DENTAL SERVICES, INC.

Current Principal Place of Business:

2502 ROCKY POINT DR STE 1000
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DR STE 1000
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3136131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUIE, PATRICIA
2502 ROCKY POINT DR STE 1000
TAMPA, FL 33607

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DIASTI, TEREK DR.
Address: 2502 ROCKY POINT DR STE 1000
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: DIASTI, ADAM DR.
Address: 2502 ROCKY POINT DR STE 1000
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: MILLARD, DONALD R
Address: 2502 ROCKY POINT DR STE 1000
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: FAUX, GEOFFREY L
Address: 2502 ROCKY POINT DR STE 1000
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: SMITH, DARRELL C
Address: 2502 ROCKY POINT DR STE 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADAM DIASTI D 05/01/2003

Electronic Signature of Signing Officer or Director — Date