

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000070281

FILED
Apr 14, 2004
Secretary of State

Entity Name: COAST FLORIDA P.A.

Current Principal Place of Business:

2502 ROCKY POINT DRIVE
SUITE 1000
TAMPA, FL 33607 US

New Principal Place of Business:

2502 N ROCKY POINT DRIVE
SUITE 1000
TAMPA, FL 33607 US

Current Mailing Address:

2502 ROCKY POINT DRIVE
SUITE 1000
TAMPA, FL 33607 US

New Mailing Address:

2502 N ROCKY POINT DRIVE
SUITE 1000
TAMPA, FL 33607 US

FEI Number: 59-3365515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUIE, PATRICIA ESQ.
2502 ROCKY POINT DRIVE
SUITE 1000
TAMPA, FL 33607 US

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

Title: S () Delete
Name: DIASTI, TEREK
Address: 2502 N. ROCKY POINT DR. #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:

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, DDS

PD

04/14/2004

Electronic Signature of Signing Officer or Director

_____ Date