

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020820

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: COAST DENTAL, P.A.

**Current Principal Place of Business:**

2502 ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2502 ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-3508140      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 DRIVE, SUITE 1000  
City-St-Zip: TAMPA, FL 33607

Title: S ( ) Delete  
Name: DIASTI, TEREK  
Address: 2502 ROCKY POINT DRIVE, 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:

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