


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Aug 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000020820
 1. Entity Name
COAST DENTAL, P.A.



Principal Place of Business 2502 ROCKY POINT DRIVE SUITE 1000 TAMPA, FL 33607	Mailing Address 2502 ROCKY POINT DRIVE SUITE 1000 TAMPA, FL 33607
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07162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3508140	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Huie* (NOTE: Registered Agent signature required when reinstating) DATE 7.23.07

**FILE NOW!!! FEE IS \$550.00
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIASTI, ADAM 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607
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 08/31/07-80003-013 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Huie* Date 7/12/07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR