

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094204

Entity Name: COAST DENTAL SERVICES, INC.

Current Principal Place of Business:

4010 BOY SCOUT BLVD
1100
TAMPA, FL 33607

Current Mailing Address:

4010 BOY SCOUT BLVD
1100
TAMPA, FL 33607

FEI Number: 59-3136131

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name DIASTI, DEREK DR.
Address 4010 BOY SCOUT BLVD SUITE 1100
City-State-Zip: TAMPA FL 33607

Title D
Name DIASTI, ADAM DR.
Address 4010 BOY SCOUT BLVD SUITE 1100
City-State-Zip: TAMPA FL 33607

Title D
Name MARLER, THOMAS J
Address 4010 BOY SCOUT BLVD SUITE 1100
City-State-Zip: TAMPA FL 33607

Title CFOS
Name KELLY, DONALD
Address 4010 BOY SCOUT BLVD SUITE 1100
City-State-Zip: TAMPA FL 33607

Title CIO
Name SMITH, MICHAEL
Address 4010 BOY SCOUT BLVD SUITE 1100
City-State-Zip: TAMPA FL 33607

Title VP
Name HUIE, PATRICIA A
Address 4010 BOY SCOUT BLVD SUITE 1100
City-State-Zip: TAMPA FL 33607

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ADAM DIASTI

DIRECTOR

03/13/2013

Electronic Signature of Signing Officer/Director Detail

Date