

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000070281

**Entity Name:** COAST FLORIDA P.A.

**Current Principal Place of Business:**

5706 BENJAMIN CENTER DRIVE  
SUITE 103  
TAMPA, FL 33634

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**3924184251CC**

**Current Mailing Address:**

5706 BENJAMIN CENTER DRIVE  
SUITE 103  
TAMPA, FL 33634 US

**FEI Number: 59-3365515**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DIASTI, ADAM DDS  
5706 BENJAMIN CENTER DRIVE, SUITE 103  
TAMPA, FL 33634 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            PRESIDENT  
Name            DIASTI, ADAM  
Address        5706 BENJAMIN CENTER DRIVE  
                  SUITE 103  
City-State-Zip: TAMPA FL 33634

*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** \_\_\_\_\_

**PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date