

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020820

**Entity Name:** COAST DENTAL, P.A.

**Current Principal Place of Business:**

5706 BENJAMIN CENTER DRIVE  
SUITE 103  
TAMPA, FL 33634

**FILED**  
**Apr 02, 2019**  
**Secretary of State**  
**0166490393CC**

**Current Mailing Address:**

5706 BENJAMIN CENTER DRIVE  
SUITE 103  
TAMPA, FL 33634 US

**FEI Number: 59-3508140**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PD  
Name DIASTI, ADAM  
Address 5706 BENJAMIN CENTER DRIVE  
SUITE 103  
City-State-Zip: TAMPA FL 33634

Title DIRECTOR  
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**

**CEO**

**04/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date