

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000005431

**Entity Name:** COAST DENTAL MANAGEMENT LAKE MARY, LLC

**Current Principal Place of Business:**

5706 BENJAMIN CENTER DR #103  
TAMPA, FL 33664

**Current Mailing Address:**

5706 BENJAMIN CENTER DR #103  
TAMPA, FL 33664 US

**FEI Number: 84-2308715**

**Certificate of Status Desired: No**

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

DIASTI, ADAM DDS  
5706 BENJAMIN CENTER DR #103  
TAMPA, FL 33664 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

**Authorized Person(s) Detail :**

Title           MANAGING PARTNER  
Name           COAST DENTAL SERVICES, LLC  
Address        5706 BENJAMIN CENTER DR #103  
City-State-Zip: TAMPA FL 33664

Title           CEO  
Name           DIASTI, DEREK  
Address        5706 BENJAMIN CENTER DR #103  
City-State-Zip: TAMPA FL 33664

Title           CFO  
Name           SZELTNER, ELIZABETH  
Address        5706 BENJAMIN CENTER DR STE 103  
City-State-Zip: TAMPA FL 33634

Title           MANAGING PARTNER  
Name           ARIAS, CHARLES DR.  
Address        5706 BENJAMIN CENTER DR #103  
City-State-Zip: TAMPA FL 33664

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DEREK DIASTI**

**CEO**

**01/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date