

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000001910 (6)

1. Corporation Name
COAST DENTAL SERVICES, INC.



Principal Place of Business
25400 US HWY 19 #225
CLEARWATER FL 34623

Mailing Address
25400 US HWY 19 #225
CLEARWATER FL 34623-2144

3. Date Incorporated or Qualified
04/17/1996

3a. Date of Last Report

2. Principal Place of Business
21 6200 Courtney Campbell
Suite, Apt. #, etc.
22 Suite 690

2a. Mailing Address
26 6200 Courtney Campbell
Suite, Apt. #, etc.
27 Suite 690

4. FEI Number
59-3136131

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
SMITH, DARRELL C ESQ
C/O SHUMAKER, LOOP & KENDRICK
101 E. KENNEDY BLVD., #2800
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIASI, TEREK	1.2 NAME	
STREET ADDRESS	25400 US HWY 19 #225	1.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP	CLEARWATER FL 34623	1.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIASI, ADAM	2.2 NAME	
STREET ADDRESS	25400 US HWY 19 #225	2.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP	CLEARWATER FL 34623	2.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIASI, HATEM A	3.2 NAME	
STREET ADDRESS	25400 US HWY 19 #225	3.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP	CLEARWATER FL 34623	3.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	S/R/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JOSEPH R	4.2 NAME	
STREET ADDRESS	25400 US HWY 19 #225	4.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP	CLEARWATER FL 34623	4.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	John H. Kang
STREET ADDRESS		5.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tampa FL 33607
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Donald R. Millard
STREET ADDRESS		6.3 STREET ADDRESS	6200 Courtney Campbell Causeway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tampa FL 33607

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: T.P. 4/1/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)