


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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 6200 COURTNEY CAMPBELL 690 TAMPA FL 33607 US	Mailing Address 6200 COURTNEY CAMPBELL 690 TAMPA FL 33607 US
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2. Principal Place of Business 21 2502 Rocky Point Dr. N. Suite, Apt. #, etc. 22 1000 City & State 23 Tampa, FL Zip 24 33607 Country 25 US	2a. Mailing Address 26 2502 Rocky Point Dr. N. Suite, Apt. #, etc. 27 1000 City & State 28 Tampa, FL Zip 29 33607 Country 30 US
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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	
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/17/1996	
4. FEI Number 59-3136131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	DIASTI, TEREK
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY - ST - ZIP	TAMPA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	DIASTI, ADAM
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY - ST - ZIP	TAMPA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	DIASTI, HATEM A
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY - ST - ZIP	TAMPA FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	SMITH, JOSEPH R
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KANG, JOHN
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY - ST - ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MILLARD, DONALD
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY
CITY - ST - ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2502 Rocky Point Dr. N, Ste 1000
1.4 CITY - ST - ZIP	Tampa, FL 33607
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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 _____ DATE **3/27/98**

CR2E034 (10/97)