May 05, 1999 8:00 am Secretary of State

05-05-1999 90147 038 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9600001910

1, Corporation Name

COAST DENTAL SERVICES, INC.

| Principal Place       | of Business  | Mailing Address                            |   |                    |                  | ]  | 1 (881)                                 |            | <b>.</b>   |            |        |         |            | W          |
|-----------------------|--|--|---|--------------------|------------------|--|---|------------|------------|------------|--------|---------|------------|------------|
| 2502 ROCKY POINT DR N |  | 2502 ROCKY POINT DR N                      |   |                    |                  |  |   |            |            |            |        |         |            |            |
| 1000                  | _  | 1000                                       |   |                    |                  |  |   | Dr         | > NOT 14   | IRITE IN   | TLIC C | :DACI   | =          |            |
| TAMPA FL 3360<br>US   | 7  | TAMPA FL 33607<br>US                       |   |                    | <u> </u>         | Date Inco  |   |            |            | i mio o    | FACE   |         |            |            |
| US                    |  | 00   |   |                    |                  | (  | 04/17/1                                 | •          | Of Grazin  |            |        |         |            | ,          |
| . Defected DI         | one of Business  | 2a. Mailing Address                        |   |                    |                  |  | FEI Numb                                |            |            |            |        | T-      | Δnr        | lied For   |
| <del>-</del> i        | ace of Business  |  |   |                    | 1                | 59-3136  |   |            |            |            | ⊢      | +       | Applicable |            |
| Suite, Apt.           | # oto  | Suite, Apt. #, etc.                        |   |                    | <del>-    </del> | 29 2 120   | <u> </u>                                |            |            |            | \$8    |         | dditional  |            |
| _                     | #, etc.  |  |   |                    | 5.               | Certifcate                                       | of Status                               | s Desired  |            |            | ·      | ee Red  | _          |            |
| City & State          |  | City & State                               |   |                    |                  | <del>                                     </del> | Election C                              | `ampaigr   | Financia   | 20         |        |         |            | Mav Be     |
| — ·                   | -  | 28   |   |                    | 1                | Election C<br>Trust Fun                          |   |            | 'y 🗆       |            |        | ided to | ,          |            |
| Zip                   | Country  | Zip Country                                |   |                    | -                | This corpe                                       |   |            | urrent ves | ar Intar   | naible |         |            |            |
| 24                    | 25   | 29 3                                       | _   | ,                  |                  |  | Personal                                |            |            | onon you   |        | Yes     |            | ⊒No Ì      |
|                       | 9 Name and Address of Current  |  | <u>,                                     </u> |                    |                  |  | Name an                                 |            |            | w Registe  | red A  | gent    |            |            |
|                       | 3, 114   |  |   | 81                 | Name             | ,  | *************************************** |            |            |            |        |         |            |            |
| SMITH, DARRELL C ESQ  |  |  | 1   |                    |                  |  |   |            |            |            |        |         |            | _          |
| C/O :                 | SHUMAKER, LOOP & KENDRICK  | •  |   | 82                 | Street Add       | dress (P.  | .O. Box N                               | umber is   | Not Acce   | eptable)   |        |         |            |            |
|                       | E-KENNEDY BLVD., #2800   |  | ŀ   | 83                 | _                |  |   |            |            |            |        |         |            |            |
|                       | PA-FL 33602  |  |   |                    |                  |  |   |            |            |            |        |         |            | _          |
|                       |  |  | ſ   | 84                 | City             |  |   |            |            |            | FL     | 85      | Zip C      | ode        |
|                       | to the provisions of Sections 607.0502                                 | and 607 4500. Florida Statutas             | the ob  |                    | namad sar        | racration  | eubmite t                               | hic state  | ment for   |            |        | hangi   | na its i   | egistered  |
| office or re          | egistered agent, or both, in the State of                              | <sup>:</sup> Florida. Such change was auth | norized                                       | by th              | he corporat      | tion's bo  | ard of dire                             | ctors. I h | ereby ac   | cept the a | ppoint | ment    | as reg     | istered    |
| agent. I ar           | n familiar with, and accept the obligation                             | ons of, Section 607.0505, Florid           | a Statu                                       | tes.               |                  |  |   |            |            |            |        |         |            |            |
| SIGNATURE             |  | All Marie A                                |   | 4                  |                  |  | vectotine)                              |            |            | DAT        | _      |         |            |            |
|                       | Signature, typed or printed name of registered agent a<br>OFFICERS AND |  | •   | Agent              | signature requi  |  | ADDITION                                | CICHANI    | GES TO     |            |        | וחום ו  | ECTO       |            |
| TITLE                 | PD   | DELETE                                     | 13.   | ı F                |                  |  | ADDITION                                | SICHAIN    | GES IO     | OFFICER    | 3 AIVE | Ch:     |            | Addition   |
|                       |  |  | 1.2 NAM                                       |                    |                  |  |   |            |            |            |        |         | J          |            |
| NAME                  | DIASTI, TEREK  | 1000                                       |   |                    |                  |  |   |            |            |            |        |         |            |            |
| STREET ADDRESS        | 2502 ROCKY POINT DR N STE 1  | 1000                                       |   |                    | ADDRESS          |  |   |            |            |            |        |         |            |            |
| CITY-ST-ZIP           |  |  | 1.4 CITY-ST-ZIP                               |                    |                  |  | _                                       |            |            |            | Ch:    | ange    | Addition   |            |
| TITLE                 |  |  |   | 2.1 TITLE          |                  |  |   |            |            |            |        |         | ungo       |            |
| NAME                  | DIASTI, ADAM.  |  | 2.2 NAME                                      |                    |                  |  |   |            |            |            |        |         |            |            |
| STREET ADDRESS        | 2502 ROCKY POINT-DR N STE 1000   |  | 2.3 STREET ADDRESS -                          |                    |                  |  |   |            | -          |            | *      |         |            |            |
| CITY-ST-ZIP           | TAMPA FL 33607   |  | 2. 4 CITY-ST-ZIP                              |                    |                  |  |   |            |            |            |        |         | Addition   |            |
| TITLE                 | V  | ☐ DELETE                                   | 3.1 TM  | LE                 |                  |  |   |            |            |            |        | ☐ Ch    | ange       | ☐ Addition |
| NAME                  | DIASTI, HATEM A  |  | 3.2 NAJ                                       |                    |                  |  |   |            |            |            |        |         |            |            |
| STREET ADDRESS        | STREET ADDRESS 2502 ROCKY POINT DR N STE 1000                          |  |   | 3.3 STREET ADDRESS |                  |  |   |            |            |            |        |         |            |            |
| CITY-ST-ZIP           | TAMPA FL 33607   |  | 3.4. CIT                                      | TY-ST-             | -ZIP             |  |   |            |            |            |        |         |            |            |
| TITLE                 | STD  | ☐ DELETE                                   | 4.1 TITI                                      | LE                 |                  |  |   |            |            |            |        | ☐ Ch    | ange       | ☐ Addition |
| NAME                  | SMITH, JOSEPH R  | /  | 4. 2 NA                                       | ME                 |                  |  |   |            |            |            |        |         |            |            |
| STREET ADDRESS        | 2502 ROCKY POINT DR N STE  | 1000 /                                     | 4.3 STF                                       | REETA              | address          |  |   |            |            |            |        |         |            |            |
| CITY-ST-ZIP           | TAMPA FL 33607   |  | 4.4 CIT                                       | Y-ST-              | ZIP              |  |   |            |            |            |        |         |            |            |
| TITLE                 | D  | □ DELETE                                   | 5.1 TITI                                      | LE                 | 1                |  |   |            |            |            |        | Ch.     | ange       | ☐ Addition |
| NAME                  | KANG, JOHN   |  | 5.2 NA  | ME                 |                  |  |   |            |            |            |        |         |            |            |
| STREET ADDRESS        | 2502 ROCKY POINT DR N STE  | 1000                                       | 5.3 STF                                       | REET A             | ADDRESS          |  |   |            |            |            |        |         |            |            |
| CITY-ST-ZIP           | TAMPA FL 33607   |  | 5.4 CIT                                       | Y-ST-              | ZIP              |  |   |            |            |            |        |         |            | _          |
| TITLE .               | .D   | ☐ DELETE                                   | 6.1 TITI                                      | LE                 |                  |  |   |            |            |            |        | ☐ Ch    | ange       | Addition   |
| NAME .                | MILLARD, DONALD  |  | 6.2 NA  | ME                 |                  |  |   |            |            |            |        |         |            |            |
| STREET ADDRESS        | 2502 ROCKY POINT DR N STE  | 1000                                       | 6.3 STF                                       | REET A             | ADDRESS          |  |   |            |            |            |        |         |            |            |
| CITY-ST-ZIP           | TAMPA FL 33607   |  | 6.4 CIT                                       | Y-ST-              | ZIP              |  |   |            |            |            |        |         |            |            |
|                       |  |  |   |                    |                  |  |   |            |            |            |        |         |            |            |

SIGNATURE:

FRINGED NAME OF SIGNING OFFICER OR DIRECTOR

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, with all other like empowered.