

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 19, 2001 08:00 AM**
Secretary of State**DOCUMENT # F96000001910**1. Entity Name
COAST DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
2502 ROCKY POINT DR N 1000 TAMPA 33607 US	2502 ROCKY POINT DR N 1000 TAMPA 33607 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3136131

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentSMITH DARRELL CESQ
C/O SHUMAKER, LOOP & KENDRICK
101 E. KENNEDY BLVD., #2800
TAMPA
33602 US**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____ **02/19/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MILLARD DONALD	
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	KANG JOHN	
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SMITH JOSEPH R	
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIASTI HATEM A	
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIASTI ADAM	
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DIASTI TEREK	
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000	
CITY-ST-ZIP	TAMPA FL 33607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARY WILLIAM HIII
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000
CITY-ST-ZIP	TAMPA FL 33607
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIASTI TEREK
STREET ADDRESS	2502 ROCKY POINT DR N STE 1000
CITY-ST-ZIP	TAMPA FL 33607

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terek Diasti

CEO

02/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)