

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000001910

FILED
Jan 09, 2002
Secretary of State

Entity Name: COAST DENTAL SERVICES, INC.

Current Principal Place of Business:

2502 ROCKY POINT DR N
1000
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DR N
1000
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3136131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DARRELL C ESQ
C/O SHUMAKER, LOOP & KENDRICK
101 E. KENNEDY BLVD., #2800
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: DIASTI, TEREK
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

Title: PD () Delete
Name: DIASTI, ADAM
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

Title: V () Delete
Name: DIASTI, HATEM A
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

Title: STD () Delete
Name: GEARY, WILLIAM H III
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: KANG, JOHN
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: MILLARD, DONALD
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: SCHWARTZ, LARRY
Address: 2502 ROCKY POINT DR N STE 1000
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TEREK DIASTI

CEO

01/09/2002

Electronic Signature of Signing Officer or Director

Date