2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015362

Entity Name: COAST SARASOTA CROSSINGS, P.L.

FILED Apr 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5425 FRUITVILLE ROAD, SUITE 16 SARASOTA, FL 34232 **Current Mailing Address: New Mailing Address:** 2502 N ROCKY POINT DR 2502 ROCKY POINT DR 1000 1000 TAMPA, FL 33607 TAMPA, FL 33607 FEI Number: 65-1126607 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HULE, PATRICIA ESQ HULE, PATRICIA ESQ. 2502 N ROCKY POINT DRIVE, SUITE 1000 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607 TAMPA, FL 33607 US 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: 04/14/2004 Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:**

MGRM () Change () Addition () Delete COAST DENTAL SERVICE, S, P.A. Name: Name: Address: 2501 ROCKY POINT DRIVE, SUITE 1000 Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: () Delete Title: MGRM () Change (X) Addition Name: Name: AZOV, INC,

Address: 4519 CHERRYBACK CT

Address: City-St-Zip: City-St-Zip: SARASOTA, FL 34241

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MGRM SIGNATURE: ADAM DIASTI, DDS 04/14/2004