

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015362

FILED
Apr 26, 2005
Secretary of State

Entity Name: COAST SARASOTA CROSSINGS, P.L.

Current Principal Place of Business:

5425 FRUITVILLE ROAD, SUITE 16
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

2502 N ROCKY POINT DR
1000
TAMPA, FL 33607

New Mailing Address:

FEI Number: 65-1126607

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HULE, PATRICIA ESQ.
2502 N ROCKY POINT DRIVE, SUITE 1000
TAMPA, FL 33607 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

MANAGING MEMBERS/MEMBERS:

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

Title: MGRM () Delete
Name: AZOV, INC,
Address: 4519 CHERRYBACK CT
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

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 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.

SIGNATURE: ADAM DIASTI, DDS

MGRM

04/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date