FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92168 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30068805

DOCUMENT # L01000015362

1. Entity Name
COAST SARASOTA CROSSINGS, P.L.

Principal Place of Business	Mailing Address
5425 FRUITVILLE ROAD, SUITE 16 SARASOTA, FL 34232	5425 FRUITVILLE ROAD, SUITE 16 SARASOTA, FL 34232

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		2502 ROCKY POINT DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 1000	
City & State		City & State TAMPA, FL	
Zip	Country	Zip 33607	Country USA

4. FEI Number 65-1126607 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HULE, PATRICIA ESQ. 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COAST DENTAL SERVICES, P.A.		NAME		
STREET ADDRESS	2601 ROCKY POINT DRIVE, SUITE 1000		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

11. 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 is true and accurate and that my 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: [signature] GREGORY C HUBNER AUTHORIZED REP 5/1/03 (813)287-8985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #