2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# L01000018003

Entity Name: COAST MURDOCK, P.L.

Current Principal Place of Business:

1825 NORTH TAMIAMI TRAIL, #B-5
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DRIVE
1000
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-3737383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUIE, PATRICIA A ESQ
2502 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:	2502 ROCKY POINT DRIVE, SUITE 1000	
City-St-Zip:	TAMPA, FL 33607 US	
Title:	MGRM	( ) Delete
Name:	AMBER DENTAL, LLC,	
Address:	2502 ROCKY POINT DRIVE, 1000	
City-St-Zip:	TAMPA, FL 33607 US	

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 MGMR 04/14/2004

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