

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018003

Entity Name: COAST MURDOCK, P.L.

FILED  
Apr 26, 2005  
Secretary of State

**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

MGRM

04/26/2005

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