

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010246

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: COAST POINCIANA, P.L.

**Current Principal Place of Business:**

2951 VINELAND RD.  
KISSIMMEE, FL 34746

**New Principal Place of Business:**

2907 VINELAND RD.  
KISSIMMEE, FL 34746

**Current Mailing Address:**

2502 ROCKY POINT DRIVE  
1000  
TAMPA, FL 33607

**New Mailing Address:**

2502 N ROCKY POINT DRIVE  
1000  
TAMPA, FL 33607

FEI Number: 59-3737351

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUIE, PATRICIA A ESQ  
C/O COAST DENTAL SERVICES, INC.  
2502 ROCKY POINT DR., STE. 1000  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

HUIE, PATRICIA A ESQ  
C/O COAST DENTAL SERVICES, INC.  
2502 N ROCKY POINT DR., STE. 1000  
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:**

Title: MGRM ( ) Delete  
Name: COAST FLORIDA, P.A.,  
Address: 2502 ROCKY POINT DR., STE. 1000  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: LAILA RIZVI, P.L.,  
Address: 2502 ROCKY POINT DR., STE. 1000  
City-St-Zip: TAMPA, FL 33607

**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

04/14/2004

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