

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000010246

FILED  
May 01, 2003  
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:**

**Current Mailing Address:**

2951 VINELAND RD.  
KISSIMMEE, FL 34746

**New Mailing Address:**

2502 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:**

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 FLORIDA, P.A.,  
Address: 2502 ROCKY POINT DR., STE. 1000  
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete  
Name: GORDON, VERNON L D.D.S.  
Address: 2502 ROCKY POINT DR., STE. 1000  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

05/01/2003

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