

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010264

FILED
Apr 14, 2004
Secretary of State

Entity Name: COAST PORT ORANGE, P.L.

Current Principal Place of Business:

3781 NOVA RD.
PORT ORANGE, FL 32119

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT A
1000
TAMPA, FL 33607

New Mailing Address:

2502 N ROCKY POINT A
1000
TAMPA, FL 33607

FEI Number: 59-3737352

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: CALIMAREA, LYDIA M D.M.D.
Address: 2502 ROCKY POINT DR., STE. 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CALIMAREA, LYDIA M D.M.D.
Address: 2502 N 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

MGRM

04/14/2004

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