2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

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Entity Name: COAST SOUTH TAMPA, P.L.

Current Principal Place of Business:

2307 S. DALE MABRY HIGHWAY STE.C/D
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DRIVE
1000
TAMPA, FL 33607 US

New Mailing Address:

2502 N ROCKY POINT DRIVE
1000
TAMPA, FL 33607 US

FEI Number: 59-3737356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HUIE, PATRICIA A
C/O COAST DENTAL SERVICES, INC.
2502 N ROCKY POINT DRIVE 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 DRIVE STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: MGRM ( ) Delete
Name: KATZ, DAVID R DDS
Address: 2502 ROCKY POINT DRIVE 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 MGMR 04/14/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date