

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016128

Entity Name: COAST SOUTH TAMPA, P.L.

FILED
Apr 26, 2005
Secretary of State

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 N ROCKY POINT DRIVE
1000
TAMPA, FL 33607 US

New Mailing Address:

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 N ROCKY POINT DRIVE 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 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

MGRM

04/26/2005

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