2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L02000016128

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:

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

Current Mailing Address:

2502 N ROCKY POINT DRIVE
1000
TAMPA, FL 33607 US

New Mailing Address:

2502 N ROCKY POINT DRIVE N.
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 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/MANAGERS:

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 exemption stated in Chapter 119, 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: PATRICIA HUIE ESQ 04/17/2009

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