

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000016128

FILED  
May 01, 2003  
Secretary of State

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:

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

## New Mailing Address:

2502 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:

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

MGMR

05/01/2003

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