2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 08, 2005
Secretary of State

DOCUMENT# N05000000769

Entity Name: COAST DENTAL FOUNDATION, INC.

Current Principal Place of Business:

2502 ROCKY POINT DRIVE, STE. 1000
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2502 ROCKY POINT DRIVE, STE. 1000
TAMPA, FL 33607

New Mailing Address:

FEI Number: 20-1802798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUIE, PATRICIA A. ESQ.
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: PATRICIA HUIE

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: MERRICK, TIMOTHY
Address: 2502 ROCKY POINT DRIVE, STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: DS ( ) Delete
Name: HUIE, PATRICIA
Address: 2502 ROCKY POINT DRIVE, STE. 1000
City-St-Zip: TAMPA, FL 33607

Title: DC ( ) Delete
Name: BUTLER, TARLA
Address: 2502 ROCKY POINT DRIVE, STE. 1000
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM MERRICK T 10/08/2005

Electronic Signature of Signing Officer or Director — Date