

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000094204</b> 1. Entity Name <b>COAST DENTAL SERVICES, INC.</b>					
Principal Place of Business <b>2502 ROCKY POINT DR STE 1000 TAMPA, FL 33607</b>			Mailing Address <b>2502 ROCKY POINT DR STE 1000 TAMPA, FL 33607</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		07212005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>59-3136131</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUIE, PATRICIA 2502 ROCKY POINT DR STE 1000 TAMPA, FL 33607</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <b>800058354698</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIASTI, TEREK DR. 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D DIASTI, TEREK, DR. 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIASTI, ADAM DR. 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC/P/D DIASTI, ADAM, DDS. 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLARD, DONALD R 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WELCH, RICHARD 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONTAG, PETER 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODY, WAYNE 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Tim Merick</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>7-21-2005</u> Daytime Phone #		

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FALL 2005



## **ADDITIONAL DIRECTOR AND OFFICERS**

Diasti, Tim, Director  
2502 Rocky Point Dr Ste 1000  
Tampa FL 33607

Marler, Thomas, J., Chief Executive Officer  
2502 Rocky Point Dr Ste 1000  
Tampa FL 33607

Merrick, Timothy, G., Vice President/Treasurer/Secretary/Chief Financial Officer  
2502 Rocky Point Dr Ste 1000  
Tampa FL 33607

Huie, Patricia, A., Vice President  
2502 Rocky Point Dr Ste 1000  
Tampa FL 33607

Smith, Michael, T., Vice President  
2502 Rocky Point Dr Ste 1000  
Tampa FL 33607

Symbols on the title line:

C=Chairman of the Board  
VC=Vice Chairman  
P=President  
D=Director