2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 21, 2007 8:00 am
Secretary of State

08-21-2007 90006 041 ***550.00

DOCUMENT # P02000094204

1. Entity Name

COAST DENTAL SERVICES, INC.

Principal Place of Business	Mailing Address
2502 ROCKY POINT DR STE 1000 TAMPA FL 33607	2502 ROCKY POINT DR STE 1000 TAMPA FL 33607

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

2nd MOORE CR2E034 (4/07)

4. FEI Number 59-3136131 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUIE, PATRICIA 2502 ROCKY POINT DR STE 1000 TAMPA FL 33607	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
DUE BY September 5, 2007
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the $400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is $150.00. ☐

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD ☐ Delete	TITLE	CEO ☐ Change ☒ Addition
NAME	DIASTI, TEREK DR.	NAME	THOMAS MARLER
STREET ADDRESS	2502 N ROCKY POINT DR STE 1000	STREET ADDRESS	2502 ROCKY POINT DRIVE
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	SUITE 1000 TAMPA, FL 33607
TITLE	VCPD ☐ Delete	TITLE	CFO ☐ Change ☒ Addition
NAME	DIASTI, ADAM DR.	NAME	DONALD KELLY
STREET ADDRESS	2502 N ROCKY POINT DR STE 1000	STREET ADDRESS	2502 Rocky Pointe Drive
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	Suite 1000 Tampa, FL 33607
TITLE	D ☐ Delete	TITLE	CIO ☐ Change ☒ Addition
NAME	MILLARD, DONALD R	NAME	MICHAEL SMITH
STREET ADDRESS	2502 N ROCKY POINT DR STE 1000	STREET ADDRESS	2502 Rocky Pointe Drive
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	Suite 1000 Tampa, FL 33607
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WELCH, RICHARD	NAME	
STREET ADDRESS	2502 N ROCKY POINT DR STE 1000	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SONTAG, PETER	NAME	
STREET ADDRESS	2502 N ROCKY POINT DR STE 1000	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WOODY, WAYNE	NAME	
STREET ADDRESS	2502 N ROCKY POINT DR STE 1000	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X _____ CFO — 8/15/07 — 813-288-6374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #