

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90200 043 ***150.00

60036532



DOCUMENT # P02000094204 1. Entity Name COAST DENTAL SERVICES, INC.					
Principal Place of Business 2502 ROCKY POINT DR STE 1000 TAMPA, FL 33607			Mailing Address 2502 ROCKY POINT DR STE 1000 TAMPA, FL 33607		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3136131 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent HUIE, PATRICIA 2502 ROCKY POINT DR STE 1000 TAMPA, FL 33607			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DIASTI, TEREK DR. 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST FOR ADDITIONAL OFFICERS AND DIRECTORS <div style="float: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPD DIASTI, ADAM DR. 2502 N ROCKY POINT DR STE 1000 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="float: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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	<div style="float: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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	<div style="float: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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	<div style="float: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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	<div style="float: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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: <u><i>Patricia Huie</i></u> PATRICIA HUIE 4/24/08 813-288-1999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

60036532

CDS, Inc.

Doc. #

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PREVIOUSLY ADDED
ADDITIONAL DIRECTOR AND OFFICERS

Diasti, Tim, Director
2502 N. Rocky Point Dr.
Suite 1000
Tampa, FL 33607

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

Kelly, Donald, Chief Financial Officer
2502 N. Rocky Point Dr.
Suite 1000
Tampa, FL 33607

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

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

Symbols on the title line:

C=Chairman of the Board

VC= Vice Chairman

P=President

D=Director