

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094204

FILED  
Jul 10, 2009  
Secretary of State

Entity Name: COAST DENTAL SERVICES, INC.

## Current Principal Place of Business:

2502 ROCKY POINT DR STE 1000  
TAMPA, FL 33607

## New Principal Place of Business:

2502 ROCKY POINT DR.  
1000  
TAMPA, FL 33607

## Current Mailing Address:

2502 ROCKY POINT DR STE 1000  
TAMPA, FL 33607

## New Mailing Address:

2502 ROCKY POINT DR.  
1000  
TAMPA, FL 33607

FEI Number: 59-3136131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUIE, PATRICIA  
2502 ROCKY POINT DR STE 1000  
TAMPA, FL 33607 US

## Name and Address of New Registered Agent:

HUIE, PATRICIA  
2502 ROCKY POINT DR,  
1000  
TAMPA, FL 33607 US

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:

07/10/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: DIASTI, TEREK DR.  
Address: 2502 N ROCKY POINT DR STE 1000  
City-St-Zip: TAMPA, FL 33607

Title: VCPD ( ) Delete  
Name: DIASTI, ADAM DR.  
Address: 2502 N ROCKY POINT DR STE 1000  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: MILLARD, DONALD R  
Address: 2502 N ROCKY POINT DR STE 1000  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: WELCH, RICHARD  
Address: 2502 N ROCKY POINT DR STE 1000  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: SONTAG, PETER  
Address: 2502 N ROCKY POINT DR STE 1000  
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete  
Name: WOODY, WAYNE  
Address: 2502 N ROCKY POINT DR 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:

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 exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD T. KELLY

CFO

07/10/2009

Electronic Signature of Signing Officer or Director

Date