

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000094204

FILED  
Feb 15, 2010  
Secretary of State

Entity Name: COAST DENTAL SERVICES, INC.

## Current Principal Place of Business:

2502 ROCKY POINT DR.  
1000  
TAMPA, FL 33607

## New Principal Place of Business:

4010 BOYSCOUT BLVD  
1100  
TAMPA, FL 33607

## Current Mailing Address:

2502 ROCKY POINT DR.  
1000  
TAMPA, FL 33607

## New Mailing Address:

4010 BOYSCOUT BLVD  
1100  
TAMPA, FL 33607

FEI Number: 59-3136131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

HUIE, PATRICIA  
4010 BOYSCOUT BLVD  
1100  
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: PATRICIA HUIE

02/15/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C  
Name: DIASTI, DEREK  
Address: 4010 BOYSCOUT BLVD SUITE 1100  
City-St-Zip: TAMPA, FL 33607

Title: P  
Name: DIASTI, ADAM DR.  
Address: 4010 BOYSCOUT BLVD SUITE 1100  
City-St-Zip: TAMPA, FL 33607

Title: CEO  
Name: MARLER, THOMAS J  
Address: 4010 BOYSCOUT BLVD SUITE 1100  
City-St-Zip: TAMPA, FL 33607

Title: CFO  
Name: KELLY, DONALD  
Address: 4010 BOYSCOUT BLVD SUITE 1100  
City-St-Zip: TAMPA, FL 33607

Title: CIO  
Name: SMITH, MICHAEL  
Address: 4010 BOYSCOUT BLVD SUITE 1100  
City-St-Zip: TAMPA, FL 33607

Title: VP  
Name: HUIE, PATRICIA A  
Address: 4010 BOYSCOUT BLVD SUITE 1100  
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA HUIE

ATTY

02/15/2010

Electronic Signature of Signing Officer or Director

Date