

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000020820

1. Entity Name  
 COAST DENTAL, P.A.



Principal Place of Business  
 2502 ROCKY POINT DRIVE  
 SUITE 1000  
 TAMPA, FL 33607

Mailing Address  
 2502 ROCKY POINT DRIVE  
 SUITE 1000  
 TAMPA, FL 33607



07162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3508140	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

HUIE, PATRICIA ESQ.  
 2502 ROCKY POINT DRIVE  
 SUITE 1000  
 TAMPA, FL 33607

**DO NOT WRITE IN THIS SPACE**

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 *Patricia Huie*  
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7.23.07  
 DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIASTI, ADAM 2502 ROCKY POINT DRIVE, SUITE 1000 TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIASTI, TEREK 2502 ROCKY POINT DRIVE, STE.1000 TAMPA, FL 33607
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U00000773166  
 08/31/07-80003-013 550.00

**DO NOT WRITE IN THIS SPACE**

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: *Adam Diasti*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/07  
 Date

Daytime Phone #