

P98000 020 820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

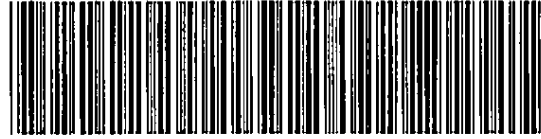
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

AUG - 2 2019

C Kins.



5706 Benjamin Center Drive  
Suite 103  
Tampa, FL 33634  
813.288.1999

July 26, 2019

**SENT VIA FEDERAL EXPRESS MAIL**

Florida Department of State  
Amendment Division  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Statement of Change of Registered Agent

Dear Sir/Madam:

The enclosed are Statement of Change of Registered Agent applications for the following entities:

- Coast Brandon Town Center, P.L.
- Coast Palm Coast, P.L.
- Coast Town N' Country, P.L.
- Coast Dental, P.A.
- Coast Florida, P.A.
- Coast Dental Management Anastasia Island, LLC
- Coast Dental Management Brooksville, LLC:
- Coast Dental Management Boynton Beach, LLC;
- Coast Dental Management Bonita Springs, LLC;
- Coast Dental Management Bloomingdale, LLC:
- Coast Dental Management Bellaire Bluffs, LLC:
- Coast Dental Management Golden Gate, LLC;
- Coast Dental Management Grand Bay Plaza, LLC:
- Coast Dental Management Cape Coral, LLC;
- Coast Dental Management Clearwater, LLC;
- Coast Dental Management East Colonial, LLC;
- Coast Dental Management East Lake, LLC;
- Coast Dental Management Gandy, LLC;
- Coast Dental Management Gladiolus, LLC;
- Coast Dental Management Hudson, LLC;
- Coast Dental Management Hyde Park, LLC;

coastdental.com

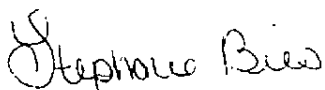
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Clifton Building  
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Tallahassee, FL 32301  
July 26, 2019  
Page Two

- Coast Dental Management Lake Mary, LLC;
- Coast Dental Management Largo, LLC;
- Coast Dental Management Melbourne, LLC;
- Coast Dental Management Metro West, LLC;
- Coast Dental Management Ormond Beach, LLC;
- Coast Dental Management North Lakeland, LLC;
- Coast Dental Management Pasadena, LLC;
- Coast Dental Management Plant City, LLC;
- Coast Dental Management Port Charlotte, LLC;
- Coast Dental Management Port Richey, LLC;
- Coast Dental Management Punta Gorda, LLC;
- Coast Dental Management Sarasota, LLC;
- Coast Dental Management Riverview, LLC;
- Coast Dental Management South Tampa, LLC;
- Coast Dental Management Spring Hill, LLC;
- Coast Dental Management Summerlin, LLC;
- Coast Dental Management St. Petersburg, LLC;
- Coast Dental Management Tarpon Springs, LLC;
- Coast Dental Management Sun City, LLC;
- Coast Dental Management Titusville, LLC;
- Coast Dental Management Waters Edge, LLC;
- Coast Dental Services, LLC;
- Intelident Solutions, LLC; and
- Dentist RX, LLC.

Also enclosed is a check (#101860) made payable to the Division of Corporations for the filing fees totaling \$2,375.00 and a self-addressed, prepaid Federal Express envelope.

Please return all correspondence concerning this matter to Stephanie Bies in the enclosed Federal Express envelope. If you have any questions, please feel free to contact me at (813) 288-6228.

Sincerely,



Stephanie Bies, Paralegal II

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coast Dental, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P98000020820

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Stephanie Bies  
Name of Contact Person

Coast Dental  
Firm/Company

5706 Benjamin Center Drive, Suite 103  
Address

Tampa, FL 33634  
City/State and Zip Code

legalgroup@coastdental.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Bies at ( 813 ) 288-1999  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Coast Dental, P.A.

2. The principal office address: 5706 Benjamin Center Drive, Suite 103, Tampa, FL 33634

3. The mailing address (if different): Same as Principal Address.

4. Date of incorporation/qualification: 03/04/1998 Document number: P98000020820

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324

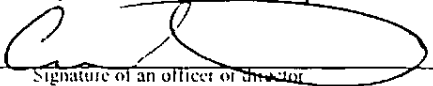
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TALLAHASSEE, FL

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Adam Diasti, DDS  
5706 Benjamin Center Drive, Suite 103  
P.O. Box NOT acceptable  
Tampa, FL 33634

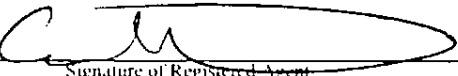
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Adam Diast, DDS - PD  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Adam Diasti, DDS  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*