

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000020820

**Entity Name:** COAST DENTAL, P.A.

**Current Principal Place of Business:**

4010 WEST BOY SCOUT BLVD  
SUITE 1100  
TAMPA, FL 33607

**Current Mailing Address:**

4010 WEST BOY SCOUT BLVD  
SUITE 1100  
TAMPA, FL 33607 US

**FEI Number: 59-3508140**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name DIASTI, ADAM  
Address 4010 WEST BOY SCOUT BLVD, SUITE 1100  
City-State-Zip: TAMPA FL 33607

Title SEC  
Name DIASTI, ADAM  
Address 4010 W. BOY SCOUT BLVD., SUITE 1100  
City-State-Zip: TAMPA FL 33607

Title CEO  
Name DIASTI, ADAM  
Address 4010 W. BOY SCOUT BLVD., SUITE 1100  
City-State-Zip: TAMPA FL 33607

Title TREA  
Name DIASTI, ADAM  
Address 4010 W. BOY SCOUT BLVD., SUITE 1100  
City-State-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: ADAM DIASTI**

**PRESIDENT**

**01/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date