

2017 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

02/02/2017

Electronic Signature of Signing Officer/Director Detail

Date