#### **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000004766

Entity Name: COAST DENTAL MANAGEMENT RIVERVIEW, LLC

**FILED** Jan 13, 2020 **Secretary of State** 6965052034CC

### **Current Principal Place of Business:**

5706 BENJAMIN CENTER DRIVE

SUITE 103

TAMPA, FL 33634

## **Current Mailing Address:**

5706 BENJAMIN CENTER DRIVE SUITE 103

TAMPA, FL 33634 US

FEI Number: 82-1415395 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

DIASTI, ADAM DDS 5706 BENJAMIN CENTER DR STE 103 TAMPA, FL 33634 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

# Authorized Person(s) Detail:

MANAGING PARTNER Title Title CEO

COAST DENTAL SERVICES, LLC DIASTI, DEREK Name Name

5706 BENJAMIN CENTER DRIVE Address Address 5706 BENJAMIN CENTER DRIVE SUITE 103

SUITE 103

TAMPA FL 33634 TAMPA FL 33634 City-State-Zip: City-State-Zip:

Title **CFO** Title MANAGING PARTNER SZELTNER, ELIZABETH PRATT, FREDERICK DR. Name Name

5706 BENJAMIN CENTER DR STE 103 5706 BENJAMIN CENTER DRIVE Address Address

SUITE 103

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail