


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90042 021 ***150.00

DOCUMENT # P05000042755

1. Entity Name
TC DENTAL CONNECTION, INC.



Principal Place of Business Mailing Address
7532 SW 28 ST **7532 SW 28 ST**
DAVIE, FL 33314 **DAVIE, FL 33314**

40016306



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
9015 NW 61 ST **9015 NW 61 ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02062007 Chg-P CR2E034 (12/06)

City & State City & State
TAMARAC, FL **TAMARAC, FL**
 Zip Country Zip Country
33321 **BROWARD** **33321** **BROWARD**

4. FEI Number Applied For
20-2564860 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CIMAND, TAMI
7532 SW 28 ST
DAVIE, FL 33314

7. Name and Address of New Registered Agent
 Name
CIMAND, TAMI
 Street Address (P.O. Box Number is Not Acceptable)
9015 NW 61 STREET
 City State Zip Code
TAMARAC **FL** **33321**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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	P,D CIMAND, TAMI 7532 SW 28 ST DAVIE, FL 33314	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D CIMAND, TAMI 9015 NW 61 STREET TAMARAC, FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Tami Cimand **TAMI CIMAND** 02/06/2007 (954)2960513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Director Phone #