

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042755

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** TC DENTAL CONNECTION, INC.

**Current Principal Place of Business:**

9015 NW 61 ST  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

9015 NW 61 ST  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 20-2564860

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CIMAND BLUVOL, TAMI  
9015 NW 61 STREET  
TAMARAC, FL 33321 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P,D  
Name: CIMAND BLUVOL, TAMI  
Address: 9015 NW 61 STREET  
City-St-Zip: TAMARAC, FL 33321

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: TAMI CIMAND BLUVOL

PD

03/08/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date