## 2007 FOR PROFIT CORPORATION

**FILED** Apr 10, 2007 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P04000135696 - -1. Entity Name TCB MEDICAL, INC. Principal Place of Business Mailing Address 2201 LAKE POINTE CIRCLE 2201 LAKE POINTE CIRCLE LEESBURG, FL 34748 LEESBURG, FL 34748 04022007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0609666 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI, FL 33145 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE BELL, TIMOTHY C NAME STREET ADDRESS 2201 LAKE POINTE CIRCLE U00000697450 CITY-ST-ZIP LEESBURG, FL 34748 04/18/07-80043-002 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 the 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 a

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP