# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 29, 2008**
**Secretary of State**

DOCUMENT# P04000135696

**Entity Name:** TCB MEDICAL, INC.

**Current Principal Place of Business:**

2201 LAKE POINTE CIRCLE
LEESBURG, FL 34748

**New Principal Place of Business:**

3800 LAKE GRIFFEN ROAD
LADY LAKE, FL 32159

**Current Mailing Address:**

2201 LAKE POINTE CIRCLE
LEESBURG, FL 34748

**New Mailing Address:**

3800 LAKE GRIFFEN ROAD
LADY LAKE, FL 32159

**FEI Number: 05-0609666** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete
Name: BELL, TIMOTHY C
Address: 2201 LAKE POINTE CIRCLE
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition
Name: BELL, TIMOTHY C
Address: 3800 LAKE GRIFFEN ROAD
City-St-Zip: LADY LAKE, FL 32159

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY CHAD BELL DPST 04/29/2008

Electronic Signature of Signing Officer or Director Date