

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000042755

**FILED**  
**Mar 02, 2008**  
**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, TAMI  
9015 NW 61 STREET  
TAMARAC, FL 33321 US

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

CIMAND BLUVOL, TAMI  
9015 NW 61 STREET  
TAMARAC, FL 33321 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:** TAMI CIMAND BLUVOL

03/02/2008

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

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

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

**Title:** P,D (X) Change ( ) Addition  
**Name:** CIMAND BLUVOL, TAMI  
**Address:** 9015 NW 61 STREET  
**City-St-Zip:** TAMARAC, FL 33321

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:** TAMI CIMAND BLUVOL

P

03/02/2008

Electronic Signature of Signing Officer or Director

Date