

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000052518

Entity Name: BC DENTAL, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

2901 NW 126TH AVE
#106
SUNRISE, FL 33323

New Principal Place of Business:

2901 NW 126TH AVE
#106
SUNRISE, FL 33323 US

Current Mailing Address:

2901 NW 126TH AVE
#106
SUNRISE, FL 33323

New Mailing Address:

2901 NW 126TH AVE
#106
SUNRISE, FL 33323 US

FEI Number: 26-2709928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUENTCHEVA, EVGENIA S
2901 NW 126TH AVE
#106
SUNRISE, FL 33323 US

Name and Address of New Registered Agent:

GUENTCHEVA, EVGENIA S RA
2901 NW 126TH AVE
#106
SUNRISE, FL 33323 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: EVGENIA GUENTCHEVA

03/31/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: CHAKALOV, BOYAN B PD
Address: 2901 NW 126TH AVE, #106
City-St-Zip: SUNRISE, FL 33323 US

Title: ST () Change (X) Addition
Name: GUENTCHEVA, EVGENIA S ST
Address: 2901 NW 126TH AVE, #106
City-St-Zip: SUNRISE, FL 33323 US

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: BOYAN CHAKALOV

PD

03/31/2009

Electronic Signature of Signing Officer or Director

Date