

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 11, 2008 8:00 am
Secretary of State

02-14-2008 90017 035 ***150.00

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DOCUMENT # K63547 1. Entity Name RESTORATIVE AND IMPLANT SOLUTIONS INC.					
Principal Place of Business 3885 SW KAKOPO ST PORT SAINT LUCIE FL 34953 US			Mailing Address 3885 SW KAKOPO ST SUITE D PORT SAINT LUCIE FL 34953 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0097634	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SLATER, ROBERT W, CPA 214 BRAZILIAN AVE, STE 221 PALM BEACH FL 33480			7. Name and Address of New Registered Agent Name Kenneth A. Chickey Street Address (P.O. Box Number is Not Acceptable) 3885 SW KAKOPO ST Port St. Lucie City " " " " FL Zip Code 34952		
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				DATE 2/6/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHICKEY, KENNETH A. 3885 SW KAKOPO ST PORT SAINT LUCIE FL 34952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHICKEY, BETTY J. 1562 SE CROWN ST PORT SAINT LUCIE FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this 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 an address, with all other like empowered.					
SIGNATURE:			DATE 3/6/08 561-346-3863		