

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L06881

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED IMPLANT RESTORATIONS, INC.

**Current Principal Place of Business:**

10500 SW 77 CT  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

10500 SW 77 COURT  
MIAMI, FL 33156 US

**New Mailing Address:**

**FEI Number:** 65-0136238

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIMMERMAN, MICHAEL J.  
13320 S W 128TH ST.  
MIAMI, FL 33186 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LAMPMANN, KLAUS  
Address: 10500 S.W. 77TH COURT  
City-St-Zip: MIAMI, FL 33156 US

Title: DTS  
Name: LAMPMANN, CARLISLE, S  
Address: 10500 S.W. 77 COURT  
City-St-Zip: MIAMI, FL 33156 US

I hereby 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 all other like empowered.

SIGNATURE: CARLISLE LAMPMANN

DTS

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date