

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005858

Entity Name: IMPLANT PARTNERS LLC**Current Principal Place of Business:**5677 AIRLINE ROAD
ARLINGTON, TN 38002**Current Mailing Address:**5677 AIRLINE ROAD
ARLINGTON, TN 38002**FEI Number:** 90-1013180**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	DIRECTOR
Name	WANG, GLENDY
Address	5677 AIRLINE ROAD
City-State-Zip:	ARLINGTON TN 38002

Title	DIRECTOR
Name	CHEN, JONATHEN
Address	5677 AIRLINE ROAD
City-State-Zip:	ARLINGTON TN 38002

Title	VP FINANCE
Name	SMITH, TODD
Address	5677 AIRLINE ROAD
City-State-Zip:	ARLINGTON TN 38002

Title	DIRECTOR
Name	HAGAG, BENNY
Address	5677 AIRLINE ROAD
City-State-Zip:	ARLINGTON TN 38002

Title	SECRETARY
Name	HAIRE, JOHN M
Address	5677 AIRLINE ROAD
City-State-Zip:	ARLINGTON TN 38002

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TODD SMITH

VP FINANCE

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date