

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215529636
1.) CORPORATION NAME: ACADEMY FOR IMPLANTS & TRANSPLANTS		DUE DATE: 4/30/2015
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: INCorp SERVICES INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA		SCC ID NO: 01742634
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY		5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: VA		
6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 198-45 FOOTHILL AVE CITY/ST/ZIP: HOLLISWOOD, NY 11423		
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.		
NAME: VIRGINIA VALEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 198-45 FOOTHILL AVENUE		
CITY/ST/ZIP/CO: HOLLISWOOD, NY 11423		
NAME: MAURICE VALENDO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: VCIE CHAIRMAN		
ADDRESS: 198-45 FOOTHILL AVENUE		
CITY/ST/ZIP/CO: HOLLISWOODCH, NY 11423		
NAME: LOUIS NAMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 4137 MOFFAT RD		
CITY/ST/ZIP/CO: MOBILE, AL 36618		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ VIRGINIA VALEN	VIRGINIA VALEN, DIRECTOR	8/6/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		