

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002591

Entity Name: BIOHORIZONS IMPLANT SYSTEMS, INC.**Current Principal Place of Business:**135 DURYEA ROAD
MELVILLE, NY 11747**Current Mailing Address:**135 DURYEA ROAD
MELVILLE, NY 11747 US**FEI Number:** 63-1163766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title CEO, PRESIDENT, DIRECTOR
Name BOGGAN, STEVEN
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title SECRETARY
Name DUTIL, DAVID P
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name ETTINGER, MICHAEL S.
Address C/O HENRY SCHEIN, INC
135 DURYEA ROAD, E-365
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name WILLI, RENE
Address 135 DURYEA ROAD
City-State-Zip: MELVILLE NY 11747

Title DIRECTOR
Name SIEGEL, WALTER
Address C/O HENRY SCHEIN, INC
135 DURYEA ROAD, E-365
City-State-Zip: MELVILLE NY 11747

Title CFO, DIRECTOR
Name MILLS , MIKE
Address 2300 RIVERCHASE CENTER
City-State-Zip: BIRMINGHAM AL 35244

Title DIRECTOR
Name PALADINO, STEVEN
Address 135 DURYEA RD
City-State-Zip: MELVILLE NY 11747

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: DAVID P. DUTIL**SECRETARY****04/21/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date