

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # F00000002868

1. Entity Name
IMPLANT INNOVATIONS HOLDING CORPORATION



Principal Place of Business
**4555 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410**

Mailing Address
**4555 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410**



04052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2088040

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SABIN, EDWARD G
4555 RIVERSIDE DRIVE
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARTMAN, GREGORY D
STREET ADDRESS	AIRPORT INDUSTRIAL PARK
CITY- ST- ZIP	WARSAW, IN
TITLE	S
NAME	SABIN, EDWARD G
STREET ADDRESS	4555 RIVERSIDE DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL
TITLE	D
NAME	HANN, DANIEL P
STREET ADDRESS	AIRPORT INDUSTRIAL PARK
CITY- ST- ZIP	WARSAW, IN
TITLE	D
NAME	MILLER, DANE A
STREET ADDRESS	AIRPORT INDUSTRIAL PARK
CITY- ST- ZIP	WARSAW, IN
TITLE	P
NAME	DOEDENS, BART
STREET ADDRESS	4555 RIVERSIDE DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL
TITLE	VP
NAME	CRISER, GLENN
STREET ADDRESS	4555 RIVERSIDE DRIVE
CITY- ST- ZIP	PALM BEACH GARDENS, FL

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04/11/05-80006-018 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

E. G. Sabin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD G. SABIN

APRIL 5, 2005

Date

Daytime Phone #

561-776-6706