

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F05000001151

1. Entity Name
NOBEL BIOCARE HOLDING USA, INC.



Principal Place of Business
22715 SAVI RANCH PARKWAY
YORBA LINDA, CA 92887

Mailing Address
22715 SAVI RANCH PARKWAY
YORBA LINDA, CA 92887

FILED
Sep 03, 2008 08:00 AM
Secretary of State



07232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2154699

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331

**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 \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CANEPA, HELIANE
STREET ADDRESS BALSBERG, BALZ SIMMERMAN STRASSE 7
CITY-ST-ZIP 8152 GIATTBRUGG,

TITLE D
NAME BOGLI, THOMAS F
STREET ADDRESS BALSBERG, BALZ SIMMERMAN STRASSE 7
CITY-ST-ZIP 8152 GIATTBRUGG,

TITLE P
NAME MOSHER, KEVIN
STREET ADDRESS 22715 SAVI RANCH PARKWAY
CITY-ST-ZIP YORBA LINDA, CA 92887

TITLE VPS
NAME COLLINS, JACQUELINE
STREET ADDRESS 22715 SAVI RANCH PARKWAY
CITY-ST-ZIP YORBA LINDA, CA 92887

TITLE T
NAME YEE, LEWIS
STREET ADDRESS 22715 SAVI RANCH PARKWAY
CITY-ST-ZIP YORBA LINDA, CA 92887

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

09/03/08-80001-007 138.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

714-282-5081