

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002591

FILED
Apr 28, 2008
Secretary of State

Entity Name: BIOHORIZONS IMPLANT SYSTEMS, INC.

Current Principal Place of Business:

ONE PERIMETER PARK S
STE 230 S
BIRMINGHAM, AL 35243

New Principal Place of Business:

2300 RIVERCHASE CENTER
BIRMINGHAM, AL 35244

Current Mailing Address:

ONE PERIMETER PARK S
STE 230 S
BIRMINGHAM, AL 35243

New Mailing Address:

2300 RIVERCHASE CENTER
BIRMINGHAM, AL 35244

FEI Number: 63-1163766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOSTER, JOHN
Address: 505 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: DCEO () Delete
Name: BOGGAN, ROY S
Address: ONE PERIMETER PARK S STE 230 S
City-St-Zip: BIRMINGHAM, AL 35243

Title: TCFO () Delete
Name: ROSS, WILLIAM H
Address: ONE PERIMETER PARK S STE 230 S
City-St-Zip: BIRMINGHAM, AL 35243

Title: D () Delete
Name: BERKOWITZ, MORTIMER
Address: 505 PARK AVENUE, 12 FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: AUSTIN, EDWARD
Address: 505 PARK AVENUE, 12TH FLOOR
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change () Addition
Name: BOGGAN, ROY S
Address: 2300 RIVERCHASE CENTER
City-St-Zip: BIRMINGHAM, AL 35244

Title: TCFO (X) Change () Addition
Name: ROSS, WILLIAM H
Address: 2300 RIVERCHASE CENTER
City-St-Zip: BIRMINGHAM, AL 35244

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BILL ROSS

TCFO

04/28/2008

Electronic Signature of Signing Officer or Director

Date