

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110587

FILED
Jan 09, 2009
Secretary of State

Entity Name: ISOLA IMPLANTS, INC.

Current Principal Place of Business:

C/O CT CORPORATION SYSTEM
1560 BROADWAY, SUITE 1200
DENVER, CO 80202

New Principal Place of Business:

Current Mailing Address:

WILLIAM L. CARSON
2111 FAIRMONT
COLUMBIA, MO 65203

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: SATD () Delete
Name: HEINIG, CHARLES F
Address: 9663 ANCHORAGE LANE
City-St-Zip: WARE NECK, VA 23178

Title: PTD () Delete
Name: CARSON, WILLIAM L
Address: 2111 FAIRMONT
City-St-Zip: COLUMBIA, MO 652031563

Title: AS () Delete
Name: FOSTER, ROBIN V
Address: 4801 MAIN STREET
City-St-Zip: KANSAS CITY, MO 64112

Title: D () Delete
Name: LENOX, LINDA K
Address: 657 S. TAYLOR AVE. SUITE A
City-St-Zip: LOUISVILLE, CO 800273064

Title: D () Delete
Name: BURTON, DOUGLAS C
Address: 7317 CAENEN LAKE DRIVE
City-St-Zip: SHAWNEE, KS 66216

Title: VPAT () Delete
Name: CARSON, WILLIAM G
Address: 9663 ANCHORAGE LANE
City-St-Zip: WARE NECK, VA 23178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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: ROBIN V. FOSTER

AS

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date