

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90130 008 ***150.00

DOCUMENT # F00000002868

1. Entity Name
IMPLANT INNOVATIONS HOLDINGS CORPORATION

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

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

00113043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BEATY, KEITH D	
STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SABIN, EDWARD G	
STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRATT, JOEL P	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, DANE A	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW IN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREGORY D. HARTMAN	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW, INDIANA	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL P. HANN	
STREET ADDRESS	AIRPORT INDUSTRIAL PARK	
CITY-ST-ZIP	WARSAW, INDIANA	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RART DOEDENS	
STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLEAN L. CRISER	
STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES SCOTT	
STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	
TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN SCHIES	
STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Glenn LeQuen* 3/19/02 (561) 776-6700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)