


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03222004 No Chg-P CR2E034 (10/03)

4. FEI Number 35-2088040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

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

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UN0000119384
04/19/04-80089-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edward G. Sabin **EDWARD G. SABIN** 4/19/04 561-776-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #