

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 15 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 244451 (1)**

1. Corporation Name  
**INAMED CORPORATION**



Principal Place of Business <b>3800 HOWARD HUGHES PKWY SUITE 900 LAS VEGAS NV 89109</b>	Mailing Address <b>3800 HOWARD HUGHES PKWY. 900 LAS VEGAS NV 89109 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>02/06/1961</b>	
<b>4.</b> FEI Number <b>59-0920629</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**11.** Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>CDP</b>	<input type="checkbox"/> DELETE
NAME	<b>MCGHAN, DONALD K</b>	
STREET ADDRESS	<b>3800 HOWARD HUGHES PKWY, STE. 900</b>	
CITY-ST-ZIP	<b>LAS VEGAS NV</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FARNEY, MICHAEL D.</b>	
STREET ADDRESS	<b>3800 HOWARD HUGHES PKWY, STE. 900</b>	
CITY-ST-ZIP	<b>LAS VEGAS NV</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>OOST-LIEVENSEN, WILLEM</b>	
STREET ADDRESS	<b>3800 HOWARD HUGHES PKWY, STE 900</b>	
CITY-ST-ZIP	<b>LAS VEGAS NV</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<b>CDP, CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Richard G. Babbitt</b>	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Jim J. McGhan</b>	
2.3 STREET ADDRESS	<b>700 Ward Drive</b>	
2.4 CITY-ST-ZIP	<b>Santa Barbara, CA 93111</b>	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Thomas K. Larson</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Carol A. Brennan</b>	
4.3 STREET ADDRESS	<b>3800 Howard Hughes Pkwy. Ste. 900</b>	
4.4 CITY-ST-ZIP	<b>Las Vegas, NV 89109</b>	
5.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>John E. Williams, M.D.</b>	
5.3 STREET ADDRESS	<b>2340 Alhambra Avenue</b>	
5.4 CITY-ST-ZIP	<b>Palm Springs, CA 92264</b>	
6.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Richard Wm. Talley</b>	
6.3 STREET ADDRESS	<b>19200 Von Karman</b>	
6.4 CITY-ST-ZIP	<b>Irvine, CA 92612</b>	

**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE *Carol A. Brennan* **Carol A. Brennan**  
Corporate Secretary 4/15/98 (702) 791 3399

CR2E034 (10/97)

ATTACHMENT TO  
PROFIT CORPORATION ANNUAL REPORT  
FOR  
**INAMED CORPORATION**  
FEI Number 59-0920629

13. Additions/Changes to Officers and Directors in 12

7.1	TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
7.2	NAME	Harrison E. Bull		
7.3	STREET ADDRESS	1836 State Street		
7.4	CITY-ST-ZIP	Santa Barbara, CA 93101		

7.1	TITLE	Director, VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
7.2	NAME	Ilan K. Reich		
7.3	STREET ADDRESS	3800 Howard Hughes Parkway		
7.4	CITY-ST-ZIP	Las Vegas, NV 89109		