

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 851023

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** THE AMERICAN BOARD OF COSMETIC PLASTIC SURGERY INC.

**Current Principal Place of Business:**

11081 WINNERS CIRCLE  
LOS ALAMITOS, CA 90720 US

**New Principal Place of Business:**

**Current Mailing Address:**

11081 WINNERS CIRCLE  
LOS ALAMITOS, CA 90720 US

**New Mailing Address:**

FEI Number: 94-2681998

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANG, JEFFREY MD  
2780 CLEVELAND AVENUE  
806  
FT. MYERS, FL 33901 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

**OFFICERS AND DIRECTORS:**

Title: DCP ( ) Delete  
Name: STANTON, ROBERT G  
Address: 11081 WINNERS CIRCLE  
City-St-Zip: LOS ALAMITOS, CA 90720

Title: DVCT ( ) Delete  
Name: DYKEMA, SUE  
Address: 11081 WINNERS CIRCLE  
City-St-Zip: LOS ALAMITOS, CA 90720

Title: DS ( ) Delete  
Name: MCCARTY, DEBI  
Address: 11081 WINNERS CIRCLE  
City-St-Zip: LOS ALAMITOS, CA 90720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: DS (X) Change ( ) Addition  
Name: TOOMBS, DEBI  
Address: 11081 WINNERS CIRCLE  
City-St-Zip: LOS ALAMITOS, CA 90720

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT G. STANTON

DCP

01/06/2009

Electronic Signature of Signing Officer or Director

Date