2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005
Secretary of State

DOCUMENT# 851022

Entity Name: THE AMERICAN BOARD OF AESTHETIC PLASTIC SURGERY INC.

Current Principal Place of Business:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND BLVD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND BLVD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 94-2681728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PENN, MD, JOHN G
Address: 11081 WINNERS CIRCLE, # 200
City-St-Zip: LOS ALAMITOS, CA 907202819

Title: S ( ) Delete
Name: GUYURON, MD, BAHMAN
Address: 11081 WINNERS CIRCLE, # 200
City-St-Zip: LOS ALAMITOS, CA 907202813

Title: T ( ) Delete
Name: PAUL, MD, MALCOLM D
Address: 11081 WINNERS CIRCLE, # 200
City-St-Zip: LOS ALAMITOS, CA 907202813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
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 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 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: MALCOLM D PAUL, MD T 06/27/2005

Electronic Signature of Signing Officer or Director — Date