2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 851023 Feb 26, 2000 8:00 am 1. Entity Name **Secretary of State** THE AMERICAN BOARD OF COSMETIC PLASTIC SURGERY I 02-26-2000 90040 028 ****61.25 Mailing Address Principal Place of Business 11081 WINNERS CIR. 11081 WINNERS CIR. STE. 200 STE. 200 LOS ALAMITOS CA 90720 LOS ALAMITOS CA 90720-2813 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 94-268 1998 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change Addition TITLE ☐ Delete TITLE Fanton, Robert G 11081 Winners Circle #200 OCO CESS NAME NAME STANTON, ROBERT G STREET ADDRESS STREET ADDRESS 3922 ATLANTIC AVENUE LOS ALAMHOS I CA 90720 CITY-ST-ZIP CITY-ST-ZIP Long Beach ca 90807 **Addition** Change Delete TITLE TITLE DVCT 11081 Winners Circle # 200 NAME GRAZER, FREDERICK M JR NAMÉ STREET ADDRESS STREET ADDRESS 400 NEWPORT CENTER DR. SUITE 302 <u>105 alamitos</u>, CA 90720 CITY-ST-ZIP CITY-ST-ZIP <u>NEWPORT BEACH CA 92660</u> X Addition * Change TITLE 🖊 Delete TITLE DS Debi Mccarty NAME aicher, Robert H 11081 Winners Circle#200 NAME STREET ADDRESS STREET ADDRESS 234 WEST NAPA ST CITY-ST-ZIP CITY-ST-7IP LOS Clamitos SONOMA CA 96576 ☐ Addition TITLE Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR