

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 91331 012 \*\*\*150.00

**DOCUMENT # F99000004146**

1. Entity Name  
**ADVANCED COSMETIC PLASTIC SURGERY CENTER, INC.**

**00053689**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>104 WEST-ANAPAMU STREET, SUITE G SANTA, BARBARA CA 93101</b>	Mailing Address <b>104 WEST-ANAPAMU STREET, SUITE G SANTA, BARBARA CA 93101</b>
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2. Principal Place of Business <b>509 E. MONTECITO STREET</b>	3. Mailing Address <b>509 E. MONTECITO STREET</b>
Suite, Apt. #, etc. <b>2nd FLOOR</b>	Suite, Apt. #, etc. <b>2nd FLOOR</b>
City & State <b>SANTA BARBARA CA</b>	City & State <b>SANTA BARBARA CA</b>
Zip <b>93103</b>	Country

4. FEI Number <b>58-2317410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input type="checkbox"/> Delete
NAME <b>CONDON, DENNIS E</b>	
STREET ADDRESS <b>104 WEST-ANAPAMU STREET, SUITE G</b>	
CITY-ST-ZIP <b>SANTA BARBARA-CA-93101</b>	
TITLE <b>CFO</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SUNDSTROM, GUNNAR</b>	
STREET ADDRESS <b>104 WEST-ANAPAMU STREET, SUITE G</b>	
CITY-ST-ZIP <b>SANTA BARBARA-CA-93101</b>	
TITLE <b>EV</b>	<input type="checkbox"/> Delete
NAME <b>ALTAVILLA, PATRICIA A</b>	
STREET ADDRESS <b>104 WEST-ANAPAMU STREET, SUITE G</b>	
CITY-ST-ZIP <b>SANTA BARBARA-CA-93101</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>BIVENS, JANET A</b>	
STREET ADDRESS <b>104 WEST-ANAPAMU STREET, SUITE G</b>	
CITY-ST-ZIP <b>SANTA BARBARA-CA-93101</b>	
TITLE <b>COB</b>	<input type="checkbox"/> Delete
NAME <b>WILFONG, JONATHAN E</b>	
STREET ADDRESS <b>104 WEST-ANAPAMU STREET, SUITE G</b>	
CITY-ST-ZIP <b>SANTA BARBARA-CA-93101</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>509 E. MONTECITO ST. 2nd FLOOR</b>	
CITY-ST-ZIP <b>SANTA BARBARA CA 93103</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADAM E. ROMO JR</b>	
STREET ADDRESS <b>509 E. MONTECITO ST. 2nd FLOOR</b>	
CITY-ST-ZIP <b>SANTA BARBARA, CA 93103</b>	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>509 E. MONTECITO ST. 2nd FLOOR</b>	
CITY-ST-ZIP <b>SANTA BARBARA, CA 93103</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>SEE ATTACHED</b>	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dennis Condon **Dennis Condon** 4/29/01 805-963-0400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

*Attachments  
F99000004146  
D0053689*

**THE PLASTIC SURGERY COMPANY**  
**DBa ADVANCED COSMETIC PLASTIC SURGERY CENTER, INC.**  
**CORPORATE OFFICERS AND DIRECTORS**  
**FEIN: 58-2317410**  
**FL DOCUMENT #: F99000004146**

Robert A. Ersek, MD      509 E. Montecito Street, 2<sup>nd</sup> Floor      Director  
Santa Barbara, CA 93103

~~John C. Schantz, MD      509 E. Montecito Street, 2<sup>nd</sup> Floor      Director  
Santa Barbara, CA 93103~~

W. Grant Stevens, MD      509 E. Montecito Street, 2<sup>nd</sup> Floor      Director  
Santa Barbara, CA 93103

William Armiger, MD      509 E. Montecito Street, 2<sup>nd</sup> Floor      Director  
Santa Barbara, CA 93103