

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072186 (5)

1. Corporation Name

MODERN CONCEPTS IN AESTHETIC MEDICINE, INC.

Principal Place of Business

7330 SW 62ND PLACE, SUITE 400
SOUTH MIAMI FL 33143

Mailing Address

7330 SW 62ND PLACE, SUITE 400
SOUTH MIAMI FL 33143-4825

3. Date Incorporated or Qualified

08/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 3370 Mary Street
Suite, Apt. #, etc.

2a. Mailing Address

26 3370 Mary Street
Suite, Apt. #, etc.

4. FEI Number

65 0693027

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 18TH ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	TAMMAN, DAVID M	7330 SW 62ND PLACE, SUITE 400	SOUTH MIAMI FL 33143	<input type="checkbox"/>
D	TAMMAN, ZAKI	7330 SW 62ND PLACE, SUITE 400	SOUTH MIAMI FL 33143	<input type="checkbox"/>
D	TAMMAN, GRETA	7330 SW 62ND PLACE, SUITE 400	SOUTH MIAMI FL 33143	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	TAMMAN, DAVID M	1110 BRICKELL AVE., SUITE 700	MIAMI FL 33131	<input checked="" type="checkbox"/>
D	TAMMAN, ZAKI	1110 BRICKELL AVE., SUITE 700	MIAMI FL 33131	<input checked="" type="checkbox"/>
D	TAMMAN, GRETA	1110 BRICKELL AVE., SUITE 700	MIAMI FL 33131	<input checked="" type="checkbox"/>
D	WILHELM, FRANCES A	1110 BRICKELL AVE., SUITE 700	MIAMI FL 33131	<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>
<input type="checkbox"/>				<input type="checkbox"/>

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID TAMMAN 4/8/97 (305) 371-9191

0196965

CR2E034 (9/96)