

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P917000080840

1. Entity Name

International Modern Medical, Inc.
(Dba The Body Sculpting & Wellness Center
and soon to add the Miami Vein Clinic)

Principals: INTERNATIONAL MODERN MEDICAL INC.

1072 Kane Concourse (96th Street)
Bay Harbor Florida 33154

2. Principal Place of Business

Bay Harbor

Suite, Apt. #, etc.

3. Mailing Address

as above

City & State

Bay Harbor Florida

Zip 33154

Country Dade

City & State

Zip

Country

4. FEI Number

65-0783821

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Dr. Victor H. SHABANA II, President
INTERNATIONAL MODERN MEDICAL INC.
1072 Kane Concourse (96th Street)
Bay Harbor Florida 33154

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President Delete
NAME Dr. Victor H. SHABANA II
STREET ADDRESS 1072 96th Street
CITY-ST-ZIP Bay Harbor Florida 33154

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Vice President Delete
NAME Aleida O. Shabanah
STREET ADDRESS 1072 96th Street
CITY-ST-ZIP Bay Harbor Florida 33154

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

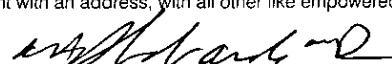
TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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.

(305)

SIGNATURE:



Dr. Shabanah

4/9/2001 867-9623

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

clinic

CR2E034 (11/00)