

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90008 032 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001228

1. Entity Name
MDVIP, INC.

Principal Place of Business
5030 CHAMPION BLVD., G-6, #267
BOCA RATON FL 33492-2496

Mailing Address
5030 CHAMPION BLVD., G-6, #267
BOCA RATON FL 33492-2496

2. Principal Place of Business
6401 Congress Avenue
Suite, Apt. #, etc.
120

3. Mailing Address
6401 Congress Avenue
Suite, Apt. #, etc.
120

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number 36-4406702

Applied For
Not Applicable

Zip 33487

Country USA

Zip 33487

Country USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIPPS, ANDREW
5030 CHAMPION BLVD., G-6, #267
BOCA RATON FL 33492-2496

7. Name and Address of New Registered Agent

Name Darin Engelhardt
Street Address (P.O. Box Number is Not Acceptable)
6401 Congress Ave, Suite 120
City Boca Raton FL Zip Code 33487

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] DARIN ENGELHARDT, TREASURER 5/20/02
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, 2002 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 NAME	PCD GELLER, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	17212 WHITEHAVEN DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	SCOO RIPPS, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	496 TROPIC BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE NAME	D RIPPS, ANDREW	<input type="checkbox"/> Delete
STREET ADDRESS	496 TROPIC BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE NAME	D GOLDMAN, EDWARD	<input type="checkbox"/> Delete
STREET ADDRESS	7000 WEST CYPRESS HEAD DRIVE	
CITY-ST-ZIP	PARKLAND FL 33067	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: [Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/26/02 561.886.1482
Date Daytime Phone #

CR2E034 (9/01)