

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUL 28 PM 3:15

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07022004 No Chg-P CR2E034 (10/03)

DOCUMENT # P01000071007  
1. Entity Name  
MDVIP BOCA RATON, INC.



Principal Place of Business  
6401 CONGRESS AVENUE  
SUITE 120  
BOCA RATON, FL 33487

Mailing Address  
6401 CONGRESS AVENUE  
SUITE 120  
BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0705238

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
ENGELHARDT, DARIN  
6401 CONGRESS AVE., STE 120  
BOCA RATON, FL 33487

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RIPPS, ANDRW 6401 CONGRESS AVENUE SUITE 120 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELLER, STEVEN 6401 CONGRESS AVENUE SUITE 120 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGELHARDT, DARIN S 6401 CONGRESS AVENUE SUITE 120 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDMAN, EDWARD 6401 CONGRESS AVENUE SUITE 120 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 607, 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

1/28