

FILED
Jul 07, 2003 8:00 am
Secretary of State

05-02-2003 90203 011 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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**

44005497



01-0705238

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0705238

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGELHARDT, DARIN
 6401 CONGRESS AVE., STE-120
 BOCA RATON FL 33487**

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

SIGNATURE

[Signature]

CFB

(NOTE: Registered Agent signature required when reinstating)

4/23/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
 NAME **RIPPS, ANDRW**
 STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GELLER, STEVEN**
 STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ENGELHARDT, DARIN S**
 STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
 CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GOLDMAN, EDWARD**
 STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
 CITY-ST-ZIP **BOCA RATON FL 33487**

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

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 X

[Signature] **RECEIVED** *[Signature]* Engelhardt

SIGNATURE AND/OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/23/03 561-886-1486

Date Daytime Phone #

CRS034 (10/02)