

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90119 042 \*\*\*150.00

**DOCUMENT # F02000001431**

1. Entity Name  
**DOLPHIN MEDICAL, INC**



Principal Place of Business  
**12525 CHADRON AVE  
HAWTHORNE, CA 90250**

Mailing Address  
**12525 CHADRON AVE  
HAWTHORNE, CA 90250**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04192004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**95-4876507**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED  
236 EAST 6TH AVE  
TALLAHASSEE, FL 32303**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	<b>CEO AND DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>CHOPRA, DEEPAK</b>	
STREET ADDRESS	<b>12525 CHADRON AVE</b>	
CITY-ST-ZIP	<b>HAWTHORNE, CA 90250</b>	
TITLE	<b>CFO AND DIRECTOR</b>	<input type="checkbox"/> Delete
NAME	<b>WADHAWAN, ANUJ</b>	
STREET ADDRESS	<b>12525 CHADRON AVE</b>	
CITY-ST-ZIP	<b>HAWTHORNE, CA 90250</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KIMBRO, JACK</b>	
STREET ADDRESS	<b>12525 CHADRON AVE</b>	
CITY-ST-ZIP	<b>HAWTHORNE, CA 90250</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GOLDBERGER, DANIEL</b>	
STREET ADDRESS	<b>644 COLLEGE AVE</b>	
CITY-ST-ZIP	<b>BOULDER, CO 80302</b>	
TITLE	<b>CTO</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCHARF, JOHN</b>	
STREET ADDRESS	<b>13801 MCCORMICK DR</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33626</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>SZE, VICTOR</b>	
STREET ADDRESS	<b>12525 CHADRON AVE</b>	
CITY-ST-ZIP	<b>HAWTHORNE, CA 90250</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEHRA, AJAY</b>	
STREET ADDRESS	<b>12525 CHADRON AVE</b>	
CITY-ST-ZIP	<b>HAWTHORNE, CA 90250</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR &amp; EXECUTIVE VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIMBRO, JACK</b>	
STREET ADDRESS	<b>12525 CHADRON AVE</b>	
CITY-ST-ZIP	<b>HAWTHORNE, CA</b>	
TITLE	<b>DIRECTOR &amp; PRES.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDBERGER, DANIEL</b>	
STREET ADDRESS	<b>644 COLLEGE AVE</b>	
CITY-ST-ZIP	<b>BOULDER, CO 8302</b>	
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHARF, JOHN</b>	
STREET ADDRESS	<b>13801 MCCORMICK</b>	
CITY-ST-ZIP	<b>TAMPA, FL 33626</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-30-04 (310) 978-0516**

Date

Daytime Phone #