

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001431

Entity Name: DOLPHIN MEDICAL, INC

FILED
May 03, 2005
Secretary of State

Current Principal Place of Business:

12525 CHADRON AVE
HAWTHORNE, CA 90250

New Principal Place of Business:

Current Mailing Address:

12525 CHADRON AVE
HAWTHORNE, CA 90250

New Mailing Address:

FEI Number: 95-4876507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CHOPRA, DEEPAK
Address: 12525 CHADRON AVE
City-St-Zip: HAWTHORNE, CA 90250

Title: CFOD () Delete
Name: WADHAWAN, ANUJ
Address: 12525 CHADRON AVE
City-St-Zip: HAWTHORNE, CA 90250

Title: DEVP () Delete
Name: KIMBRO, JACK
Address: 12525 CHADRON AVE
City-St-Zip: HAWTHORNE, CA 90250

Title: DP () Delete
Name: GOLDBERGER, DANIEL
Address: 644 COLLEGE AVE
City-St-Zip: BOULDER, CO 80302

Title: D () Delete
Name: SCHARF, JOHN
Address: 13801 MCCORMICK DR
City-St-Zip: TAMPA, FL 33626

Title: S () Delete
Name: SZE, VICTOR
Address: 12525 CHANDRON AVE
City-St-Zip: HAWTHORNE, CA 90250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANUJ WADHAWAN

CFO

05/03/2005

Electronic Signature of Signing Officer or Director

Date