

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90205 040 ***150.00

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1. Entity Name
DOLPHIN MEDICAL, INC.



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

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

40055685



2. Principal Place of Business

3. Mailing Address

5150 220TH AVENUE SE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006

Chg-P

CR2E034 (11/05)

City & State

City & State

ISSAQUAH WA

4. FEI Number

95-4876507

Applied For

Not Applicable

Zip

Country

Zip

Country

98029

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOD
CHOPRA, DEEPAK
12525 CHADRON AVE
HAWTHORNE, CA 90250** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOD
WADHAWAN, ANUJ
12525 CHADRON AVE
HAWTHORNE, CA 90250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DEVP
KIMBRO, JACK
12525 CHADRON AVE
HAWTHORNE, CA 90250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
GOLDBERGER, DANIEL
644 COLLEGE AVE
BOULDER, CO 80302** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCHARF, JOHN
13801 MCCORMICK DR
TAMPA, FL 33626** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SZE, VICTOR
12525 CHANDRON AVE
HAWTHORNE, CA 90250** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
AJAY MEHRA
12525 CHADRON AVE
HAWTHORNE, CA 90250** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
RALPH HUNTER
OE TECH DRIVE, SUITE 215
ANDOVER, MA 01810** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR / PRESIDENT
JIM ROOP
5150 220TH AVE. SE.
ISSAQUAH, WA 98029** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JIM ROOP, PRESIDENT

4/12/06

425-657-7200

Date

Daytime Phone #