2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F02000001431

1. Entity Name
DOLPHIN MEDICAL, INC



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 91074 047 ***150.00

| | | | | | | 1.65 | | | | | | |
|---|-----------------|--------------------------|--|----------|-------------------------------|--|---|-------------------------|-------------------------|-------------|---------------------------|--|
| Principal Place of Business 12525 CHADRON AVE HAWTHORNE CA 90250 | | | Mailing Address 12525 CHADRON AVE HAWTHORNE CA 90250 | | | |] | | | | | |
| 2. Principal P | lace of Busin | ess | 3. Mailing Address | | | | i | | | | 1 11101 1101 1101 | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & State | | | City & State | | | | 4. FEI Number 95-4876507 Applied For Not Applicable | | | | | |
| Zip | Country | | Zip | Zip Coui | | /· - 5. | | | | | 75 Additional Required | |
| | 6. Name | and Address of Current I | Registered Ac | ent | | | 7. Name ar | nd Address of | New Registere | d Agent | | |
| | | | | | | Name | | | | | | |
| PARACORP INCORPORATED | | | | | Stroot | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 236 EAST 6TH AVE | | | | | | Street Address (r.o. box Number is Not Acceptable) | | | | | | |
| TALLAHAS | SSEE FL 32 | 303 | | | | | | | | | | |
| | | | | | | 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 | | | | | | | | | | | | |
| | | 3 Fee will be \$550.00 | | | | Election Campa Frust Fund Cont | • | | 00 May Be ed to Fees | | | |
| Make Check Payable to Florida Department of State | | | | | | | | | | '' | 1 | |
| 10. | | OFFICERS AND | | | 11. | | ADDITION | S/CHANGES T | O OFFICERS A | | | |
| TITLE | DCEO CHOPRA, | DEEDAV | | Delete | TITLE | CHA | IRMAI | V | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | ADRON AVE | | | NAME STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | INE CA 90250 | | | CITY-ST-ZIP | | | | | _ | | |
| TITLE | DVP | | | Delete | TITLE | VA'E | 70 0 | | 100 | Change | Addition | |
| NAME | MEHRA, A | SAY | | | NAME | AN | JJ W | ADHAM CHADA HORNE | א דונ | | _ | |
| STREET ADDRESS | | ADRON AVE | | | STREET ADDRESS | 12 | 525 | CHADA | ON | 0. a a | _ | |
| CITY-ST-ZIP | | NE CA 90250 | - | | 'CITY-ST-ZIP' | | HAW1 | HORNE | DA | 4025 | | |
| TITLE | DVPS | | | Delete | TITLE | | | | | 7 🖄 nange | Addition | |
| NAME | WADHAWA | AN, ANUJ ADRON AVE | | | NAME STREET ADDRESS | JH | CI< K | IMBRO | Auc | | | |
| STREET ADDRÉSS CITY-ST-ZIP | | NE CA 90250 | | | CITY-ST-ZIP | 10 | Pawn to | HTTOWON | AVE 9025 | 2 | | |
| TITLE | DP | | | ☐ Delete | TITLE | PRE | ESIDENT | 7 | 1023 | Change | Addition | |
| NAME . | | GER, DANIEL | | - Delete | NAME | ' - | | | | (E) surries | | |
| STREET ADDRESS | 644 COLL | | | | STREET ADDRESS | | | | | | İ | |
| CITY-ST-ZIP | | CO 80302 | | | CITY-ST-ZIP | | | | | | | |
| TITLE | D | IOUN. | | Delete | TITLE | CHIE | er TECI | HNOLOGY | OFFICE | Change | ☐ Addition | |
| NAME STREET ADDRESS | SCHARF, | JOHN CORMICK DR | | | NAME CTREET ADDRESS | | | | | | j | |
| CITY-ST-ZIP | TAMPA FL | | | | STREET ADDRESS CITY-ST-ZIP | | | | | | } | |
| TITLE | CFOT | | | Delete | TITLE | 12 | 207 | nE | DIRAS | Change | Addition | |
| NAMÉ | MEHRA, A | | | | NAME | 1 220 | | 7 | DIRECT CHED LI | | _ | |
| STREET ADDRESS | | ADRON AVE | | | STREET ADDRESS | | Ste | HITH | MED 4 | ST | | |
| CITY-ST-ZIP | MAWIMUH | NE CA 90250 | | | CITY-ST-ZIP | <u> </u> | | | | | | |

12. I hereby certify that the information supplied with this filling 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 vustee 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:

AND TYPED OR GRINTED NAME OF SIGNING OFFICER OR DIRECTOR APPEALOS

3-7-03 (310) 978-0516

Daytime Phone #

CR2E034 (10/0

ATTACHMENT



80058439

DOLPHIN MEDICAL, INC.

F02000001431

Board of Directors

Deepak Chopra

Ajay Mehra

Anuj Wadhawan

12525 Chadron Ave.

Hawthorne, CA 90250

John Scharf

13801 Mc Cormick Dr.

Tampa, FL 33626

Daniel-Goldberger

644 College Ave.

Boulder, CO 80302