

2002 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****FILED**
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90008 031 ***150.00

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132**

7. Name and Address of New Registered Agent

Name **Darin Engelhardt**
Street Address (P.O. Box Number is Not Acceptable)City **Boca Raton** **FL** Zip Code **33487**

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.

SIGNATURE  **DARIN ENGELHARDT, TREASURER** 5/25/02
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **RIPPS, ANDRW**
STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE **D** ☐ Delete
NAME **GELLER, STEVEN**
STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE **D** ☐ Delete
NAME **ENGELHARDT, DARIN S**
STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE **D** ☐ Delete
NAME **GOLDMAN, EDWARD**
STREET ADDRESS **6401 CONGRESS AVENUE SUITE 120**
CITY-ST-ZIP **BOCA RATON FL 33487**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4/26/02 561.8861486
Date Daytime Phone

CR2E034 (9/01)