## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000071007

City-St-Zip:

BOCA RATON, FL 33487

Entity Name: MDVIP BOCA RATON, INC.

FILED Apr 29, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6401 CONGRESS AVENUE SUITE 120 BOCA RATON, FL 33487 **New Mailing Address: Current Mailing Address:** 6401 CONGRESS AVENUE SUITE 120 BOCA RATON, FL 33487 FEI Number: 01-0705238 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ENGELHARDT, DARIN 6401 CONGRESS AVE., STE 120 BOCA RATON, FL 33487 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition RIPPS, ANDRW RIPPS, ANDREW Name: Name: 6401 CONGRESS AVENUE SUITE 120 6401 CONGRESS AVENUE SUITE 120 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: BOCA RATON, FL 33487 Title: Title: () Change () Addition () Delete Name: GELLER, STEVEN Name: 6401 CONGRESS AVENUE SUITE 120 Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition ENGELHARDT, DARIN S Name: Name: 6401 CONGRESS AVENUE SUITE 120 Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change () Addition GOLDMAN, EDWARD Name: Name: Address: 6401 CONGRESS AVENUE SUITE 120 Address:

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.

City-St-Zip:

SIGNATURE: DARIN S. ENGELHARDT D 04/29/2005