

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071007

FILED
Apr 18, 2006
Secretary of State

Entity Name: MDVIP BOCA RATON, INC.

Current Principal Place of Business:

6001 BROKEN SOUND PKWY, NW
SUITE 100
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

6001 BROKEN SOUND PKWY, NW
SUITE 100
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 01-0705238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGELHARDT, DARIN
6001 BROKEN SOUND PKWY, NW
SUITE 100
BOCA RATON, FL 33487 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIPPS, ANDREW
Address: 6401 CONGRESS AVENUE SUITE 120
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: GELLER, STEVEN
Address: 6401 CONGRESS AVENUE SUITE 120
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: ENGELHARDT, DARIN S
Address: 6401 CONGRESS AVENUE SUITE 120
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: GOLDMAN, EDWARD
Address: 6401 CONGRESS AVENUE SUITE 120
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: RIPPS, ANDREW
Address: 6001 BROKEN SOUND PKWY, NW SUITE 100
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: GELLER, STEVEN
Address: 6001 BROKEN SOUND PKWY, NW SUITE 100
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: ENGELHARDT, DARIN S
Address: 6001 BROKEN SOUND PKWY, NW SUITE 100
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change () Addition
Name: GOLDMAN, EDWARD
Address: 6001 BROKEN SOUND PKWY, NW SUITE 100
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DARIN S. ENGELHARDT

D

04/18/2006

Electronic Signature of Signing Officer or Director

_____ Date