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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL table with OMB Number 3235-0076, Expires November 30, 2002, and estimated average burden of 16.00 hours per response.

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with fields for Prefix, Serial, and DATE RECEIVED.



Name of Offering () check if this is an amendment and name has changed, and indicate change. MDVIP, INC. Offering of MDVIP, Inc. 8.5% Unsecured Convertible Promissory Notes. Filing under (Check box(es) that apply): Rule 504, Rule 505, Rule 506, Section 4(6), ULOE. Type of Filing: New Filing, Amendment.

A. BASIC IDENTIFICATION DATA

PROCESSED

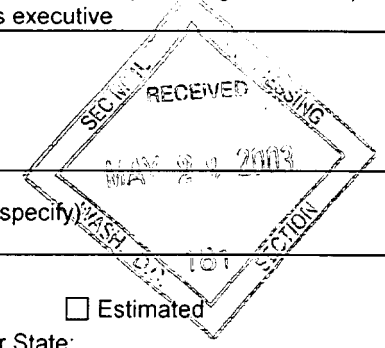
1. Enter the information requested about the issuer. Name of Issuer () check if this is an amendment and name has changed, and indicate change. MDVIP, INC. Address of Executive Offices (Number and Street, City, State, Zip Code) 6401 Congress Avenue, Suite 120, Boca Raton, FL 33487. Telephone Number (Including Area Code) (561) 886-1486. Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) same as executive. Telephone Number (Including Area Code) same as executive. Brief Description of Business Health related and other services to members that are affiliated with the MDVIP Program.

MAY 30 2003

HANSON FINANCIAL

Type of Business Organization: corporation, limited partnership, already formed, other, business trust, limited partnership, to be formed.

Actual or Estimated Date of Incorporation or Organization: MONTH 0, YEAR 8, 0, 1. Actual, Estimated. Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) DE



General Instructions

Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. Information Required: A new filing must contain all information requested. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Handwritten signature

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general managing partners of partnership issuers; and
- Each general and managing partnership of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Steven Geller

Business or Residence Address (Number and Street, City, State, Zip Code)

(Same as executive)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Robert Colton

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Bernard Kaminetsky

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Ronnie Morris

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Edward Goldman

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Darin S. Engelhardt

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

CONTINUED ON ATTACHMENT

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
 Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? \$ 15,000

3. Does the offering permit joint ownership of a single unit? Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchases in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)
 CGF Securities, LLC
 Business or Residence Address (Number and Street, City, State, Zip Code)
 225 NE Mizner Boulevard, Suite 750 Boca Raton FL 33432
 Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States) All States

[AL] <input type="checkbox"/>	[AK] <input type="checkbox"/>	[AZ] <input checked="" type="checkbox"/>	[AR] <input type="checkbox"/>	[CA] <input checked="" type="checkbox"/>	[CO] <input type="checkbox"/>	[CT] <input type="checkbox"/>	[DE] <input type="checkbox"/>	[DC] <input type="checkbox"/>	[FI] <input checked="" type="checkbox"/>	[GA] <input type="checkbox"/>	[HI] <input type="checkbox"/>	[ID] <input type="checkbox"/>
[IL] <input checked="" type="checkbox"/>	[IN] <input type="checkbox"/>	[IA] <input checked="" type="checkbox"/>	[KS] <input type="checkbox"/>	[KY] <input type="checkbox"/>	[LA] <input type="checkbox"/>	[ME] <input type="checkbox"/>	[MD] <input type="checkbox"/>	[MA] <input checked="" type="checkbox"/>	[MI] <input type="checkbox"/>	[MN] <input checked="" type="checkbox"/>	[MS] <input type="checkbox"/>	[MO] <input type="checkbox"/>
[MT] <input type="checkbox"/>	[NE] <input checked="" type="checkbox"/>	[NV] <input type="checkbox"/>	[NH] <input type="checkbox"/>	[NJ] <input checked="" type="checkbox"/>	[NM] <input checked="" type="checkbox"/>	[NY] <input checked="" type="checkbox"/>	[NC] <input type="checkbox"/>	[ND] <input checked="" type="checkbox"/>	[OH] <input type="checkbox"/>	[OK] <input type="checkbox"/>	[OR] <input type="checkbox"/>	[PA] <input type="checkbox"/>
[RI] <input type="checkbox"/>	[SC] <input type="checkbox"/>	[SD] <input type="checkbox"/>	[TN] <input checked="" type="checkbox"/>	[TX] <input type="checkbox"/>	[UT] <input type="checkbox"/>	[VT] <input type="checkbox"/>	[VA] <input type="checkbox"/>	[WA] <input checked="" type="checkbox"/>	[WV] <input type="checkbox"/>	[WI] <input type="checkbox"/>	[WY] <input type="checkbox"/>	[PR] <input type="checkbox"/>

Full Name (Last name first, if individual)
 Business or Residence Address (Number and Street, City, State, Zip Code)
 Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers
 (Check "All States" or check individual States) All States

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Full Name (Last name first, if individual)
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 (Check "All States" or check individual States) All States

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[RI] <input type="checkbox"/>	[SC] <input type="checkbox"/>	[SD] <input type="checkbox"/>	[TN] <input type="checkbox"/>	[TX] <input type="checkbox"/>	[UT] <input type="checkbox"/>	[VT] <input type="checkbox"/>	[VA] <input type="checkbox"/>	[WA] <input type="checkbox"/>	[WV] <input type="checkbox"/>	[WI] <input type="checkbox"/>	[WY] <input type="checkbox"/>	[PR] <input type="checkbox"/>

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt		
Equity		
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$1,500,000 (min) to \$4,000,000 (max)	\$1,607,000
Partnership Interests		
Other (Specify:)		
Total		

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	41	\$1,239,000
Non-accredited Investors	13	\$368,000
Total (for filing under Rule 504 only)	N/A	N/A

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	N/A
Regulation A	N/A	N/A
Rule 504	N/A	N/A
Total	N/A	N/A

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/>	
Printing and Engraving Costs	<input type="checkbox"/>	
Legal Fees	<input checked="" type="checkbox"/>	\$25,000
Accounting Fees	<input type="checkbox"/>	\$10,000
Engineering Fees	<input type="checkbox"/>	
Sales Commissions (specify finders' fees separately)	<input checked="" type="checkbox"/>	\$180,000 (min) to \$430,000 (max)
Other Expenses (identify): Miscellaneous including copying, mailing and travel	<input type="checkbox"/>	
Total		\$215,000 (min) to \$465,000 (max)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

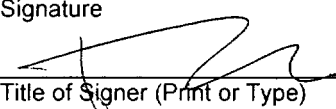
b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$1,285,000 (min) to \$3,535,000 (max)

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C- Question 4.b. above.

	<input type="checkbox"/>	Payments to Officers, Directors, & Affiliates	<input type="checkbox"/>	Payments To Others
Salaries and fees.	<input type="checkbox"/>		<input type="checkbox"/>	
Purchase of real estate.	<input type="checkbox"/>		<input type="checkbox"/>	
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/>		<input type="checkbox"/>	
Construction or leasing of plant buildings and facilities	<input type="checkbox"/>		<input type="checkbox"/>	
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/>		<input type="checkbox"/>	
Repayment of indebtedness.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	\$1,700,000 maximum
Working capital.	<input type="checkbox"/>			\$1,835,000 maximum
Other (specify): _____	<input type="checkbox"/>		<input type="checkbox"/>	
_____	<input type="checkbox"/>		<input type="checkbox"/>	
_____	<input type="checkbox"/>		<input type="checkbox"/>	
Column Totals.	<input type="checkbox"/>		<input checked="" type="checkbox"/>	\$3,535,000 maximum
Total Payments Listed (column totals added)	<input type="checkbox"/>			\$3,535,000 maximum

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) MDVIP, INC.	Signature 	Date 5/28/03
Name of Signer (Print or Type) Darin S. Engelhardt	Title of Signer (Print or Type) Chief Financial Officer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)


E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) MDVIP, INC.	Signature 	Date 5/20/03
Name (Print or Type) Darin S. Engelhardt	Title (Print or Type) Chief Financial Officer	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and Amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ	X		Convertible Securities	2	\$45,000	0	\$0		X
AR									
CA	X		Convertible Securities	1	\$25,000	0	\$0		X
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL	X		Convertible Securities	1	\$25,000	0	\$0		X
IN									
IA	X		Convertible Securities	2	\$75,000	0	\$0		X
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN	X		Convertible Securities	12	\$299,000	0	\$0		X
MS									
MO									

APPENDIX

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and Amount purchased in State (Part C-Item 2)				5 Disqualification Under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE	X		Convertible Securities	6	\$225,000	5	\$147,000		X
NV									
NH									
NJ	X		Convertible Securities	2	\$100,000	0	\$0		X
NM	X		Convertible Securities	0	0	1	\$50,000		X
NY									
NC									
ND	X		Convertible Securities	13	\$345,000	7	\$171,000		X
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN	X		Convertible Securities	1	\$50,000	0	\$0		X
TX									
UT									
VT									
VA									
WA	X		Convertible Securities	1	\$50,000	0	\$0		X
WV									
WI									
WY									
PR									

**ATTACHMENT
TO
FORM D**

A. BASIC IDENTIFICATION DATA (Continued)

For
9 of 9

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Ripps, Andrew

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Cohen, Steven M.

Business or Residence Address (Number and Street, City, State, Zip Code)

(same as executive)