

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Apr 14, 1999 8:00 am**  
**Secretary of State**

04-14-1999 90080 029 \*\*\*150.00

0422795

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # J47541**

1. Corporation Name  
**VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY**



Principal Place of Business  
**% THEODORE N. GILLETTE**  
**7209 BRYAN DAIRY ROAD**  
**LARGO FL 33777**

Mailing Address  
**% THEODORE N. GILLETTE**  
**7209 BRYAN DAIRY ROAD**  
**LARGO FL 33777**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 7360 BRYAN DAIRY ROAD Suite, Apt. #, etc.	26 7360 BRYAN DAIRY ROAD Suite, Apt. #, etc.
22 SUITE 200 City & State	27 SUITE 200 City & State
23 LARGO, FL Zip	28 LARGO, FL Zip
24 33777 Country	29 33777 Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
12/13/1986	Not Applicable
4. FEI Number	Applied For
59-2749609	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**SMITH, DARRELL C**  
**101 EAST KENNEDY BOULEVARD**  
**SUITE 2800**  
**TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLETTE, THEODORE N.	1.2 NAME	
STREET ADDRESS	7209 BRYAN DAIRY ROAD	1.3 STREET ADDRESS	7360 BRYAN DAIRY ROAD, SUITE 200
CITY-ST-ZIP	LARGO FL 33777	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELCH, RICHARD	2.2 NAME	
STREET ADDRESS	7209 BRYAN DAIRY RD	2.3 STREET ADDRESS	7360 BRYAN DAIRY ROAD, SUITE 200
CITY-ST-ZIP	LARGO FL 33777	2.4 CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, RICHARD	3.2 NAME	
STREET ADDRESS	7209 BRYAN DAIRY RD	3.3 STREET ADDRESS	7360 BRYAN DAIRY ROAD, SUITE 200
CITY-ST-ZIP	LARGO FL 33777	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 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 DIRECTOR Date Daytime Phone #

CR2E034 (11/98)