

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91574 006 ***150.00

DOCUMENT # J47541

1. Entity Name
VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY

Principal Place of Business 7360 BRYAN DIARY RD STE 200 LARGO FL 33777	Mailing Address 7360 BRYAN DIARY RD STE 200 LARGO FL 33777
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 120 W. FAYETTE ST.	3. Mailing Address 120 W. FAYETTE ST.
Suite, Apt. #, etc. 700	Suite, Apt. #, etc. 700

City & State BALTIMORE, MD	City & State BALTIMORE, MD	4. FEI Number 59-2749609	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 21201-3741	Country USA	Zip 21201-3741	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, DARRELL C 101 EAST KENNEDY BOULEVARD SUITE 2800 TAMPA FL 33602	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GILLETTE, THEODORE N. 7360 BRYAN DAIRY RD STE 200 LARGO FL 33777 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORDON, MARK 120 W. FAYETTE ST. # 700 BALTIMORE, MD 21201-3741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	J JONES, RICHARD 120 W. FAYETTE ST. # 700 BALTIMORE, MD 21201-3741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G GORDON, ELLEN 120 W. FAYETTE ST. # 700 BALTIMORE, MD 21201-3741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALCORN, ANDREW 120 W. FAYETTE ST. # 700 BALTIMORE, MD 21201-3741 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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: Richard W Jones **RICHARD JONES** 4/30/01 410-752-0121
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)