

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**  
 05-22-2002 90134 043 \*\*\*150.00

**DOCUMENT # J47541**

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

Principal Place of Business  
**120 W FAYETTE ST**  
**700**  
**BALTIMORE MD 21201-3741**

Mailing Address  
**120 W FAYETTE ST**  
**700**  
**BALTIMORE MD 21201-3741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2749609**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$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 **Audrey Weinstein**  
 Street Address (P.O. Box Number is Not Acceptable) **Block Vision Inc.**  
**621 NW 53RD ST. #160**  
 City **BOCA RATON** FL Zip Code **33487**

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 **Audrey Weinstein, Audrey Weinstein, Secretary** **4/29/02**  
Signature, typed or printed name of registered agent and title if applicable. (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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>GORDON, MARK</b> <b>120 W FAYETTE ST # 700</b> <b>BALTIMORE MD 21201-3741</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JONES, RICHARD</b> <b>120 W FAYETTE ST # 700</b> <b>BALTIMORE MD 21201-3741</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GORDON, ELLEN</b> <b>120 W FAYETTE ST # 700</b> <b>BALTIMORE MD 21201-3741</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALCORN, ANDREW</b> <b>120 W FAYETTE ST # 700</b> <b>BALTIMORE MD 21201-3741</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TAS</b> <b>Hye Jean</b> <b>120 W Fayette St. #700</b> <b>Baltimore MD 21201-3741</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Weinstein, Audrey</b> <b>621 NW 53rd Street #160</b> <b>Boca Raton, FL 33487</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: **Audrey Weinstein, Audrey Weinstein, Secretary** **4/29/02** **877-730-2347**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)