


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90199 040 ***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
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60030485



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01242006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2749609	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEINSTEIN, AUDREY BLOCK VISION INC. 6700 NW BROKEN SOUND PKWY., #202 BOCA RATON, FL 33487	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
T NAME: ARNETT, KENNETH STREET ADDRESS: 120 W. FAYETTE STREET, SUITE 700 CITY-ST-ZIP: BALTIMORE, MD 21201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: WEINSTEIN, AUDREY STREET ADDRESS: 621 N.W. 53 STREET - SUITE 160 CITY-ST-ZIP: BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS: <i>6700 N.W. Broken Sound Pkwy, #202</i> CITY-ST-ZIP: <i>Boca Raton, FL 33487</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME: ALCORN, ANDREW STREET ADDRESS: 120 W FAYETTE ST # 700 CITY-ST-ZIP: BALTIMORE, MD 212013741	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
AS NAME: KELLY, VICKIE STREET ADDRESS: 120 W. FAYETTE STREET, SUITE 700 CITY-ST-ZIP: BALTIMORE, MD 21201	<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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey Weinstein* Audrey Weinstein, Secretary 4/27/06 877-730-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

* All these changes are in; officer remains the same