


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90020 015 ***150.00

DOCUMENT # J47541

1. Entity Name
VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY




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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40055736



01172007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-2749609 Not Applicable

5. Certificate of Status Desired **\$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

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	ARNETT, KENNETH	
STREET ADDRESS	120 W. FAYETTE STREET, SUITE 700	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEINSTEIN, AUDREY	
STREET ADDRESS	6700 NW BROKEN SOUND PKWY 202	
CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALCORN, ANDREW	
STREET ADDRESS	120 W FAYETTE ST # 700	
CITY-ST-ZIP	BALTIMORE, MD 212013741	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KELLY, VICKIE	
STREET ADDRESS	120 W. FAYETTE STREET, SUITE 700	
CITY-ST-ZIP	BALTIMORE, MD 21201	
TITLE	V	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arndt, Kenneth	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Treasurer AT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vice President V	
STREET ADDRESS	Mark Dalton	
CITY-ST-ZIP	3033 N 44th ST #270	
	Phoenix, AZ 85018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 4/9/07 877-730-2347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #