

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

FILED
Apr 22, 2008
Secretary of State

Entity Name: VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY

Current Principal Place of Business:

120 W FAYETTE ST
700
BALTIMORE, MD 212013741

New Principal Place of Business:

Current Mailing Address:

120 W FAYETTE ST
700
BALTIMORE, MD 212013741

New Mailing Address:

FEI Number: 59-2749609 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINSTEIN, AUDREY
BLOCK VISION INC.
6700 NW BROKEN SOUND PKWY., #202
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ARNDT, KENNETH
Address: 120 W. FAYETTE STREET, SUITE 700
City-St-Zip: BALTIMORE, MD 21201

Title: S () Delete
Name: WEINSTEIN, AUDREY
Address: 6700 NW BROKEN SOUND PKWY 202
City-St-Zip: BOCA RATON, FL 33487

Title: PD () Delete
Name: ALCORN, ANDREW
Address: 120 W FAYETTE ST # 700
City-St-Zip: BALTIMORE, MD 212013741

Title: AT () Delete
Name: KELLY, VICKIE
Address: 120 W. FAYETTE STREET, SUITE 700
City-St-Zip: BALTIMORE, MD 21201

Title: VP () Delete
Name: DALTON, MARK
Address: 3033 N 44TH ST #270
City-St-Zip: PHOENIX, AZ 85018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASAT (X) Change () Addition
Name: KELLY, VICKIE
Address: 120 W. FAYETTE STREET, SUITE 700
City-St-Zip: BALTIMORE, MD 21201

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY WEINSTEIN

S

04/22/2008

Electronic Signature of Signing Officer or Director

_____ Date