

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

FILED
Jan 12, 2012
Secretary of State

Entity Name: VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY

Current Principal Place of Business:

939 ELKRIDGE LANDING ROAD, SUITE 200
LINTHICUM, MD 21090

New Principal Place of Business:

Current Mailing Address:

939 ELKRIDGE LANDING ROAD, SUITE 200
LINTHICUM, MD 21090

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
7700 CONGRESS AVENUE
SUITE 3108
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

OFFICERS AND DIRECTORS:

Title: T
Name: ARNDT, KENNETH W
Address: 939 ELKRIDGE LANDING ROAD, SUITE 200
City-St-Zip: LINTHICUM, MD 21090

Title: S
Name: WEINSTEIN, AUDREY M
Address: 7700 CONGRESS AVENUE, SUITE 3108
City-St-Zip: BOCA RATON, FL 33487

Title: PD
Name: ALCORN, ANDREW
Address: 939 ELKRIDGE LANDING ROAD, SUITE 200
City-St-Zip: LINTHICUM, MD 21090

Title: ASAT
Name: KELLY, VICKIE G
Address: 939 ELKRIDGE LANDING ROAD, SUITE 200
City-St-Zip: LINTHICUM, MD 21090

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

I hereby 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 all other like empowered.

SIGNATURE: AUDREY WEINSTEIN

S

01/12/2012

Electronic Signature of Signing Officer or Director

Date