

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90330 038 ***150.00

0621711 AT

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**



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

7. Name and Address of New Registered Agent

**WEINSTEIN, AUDREY
BLOCK VISION INC.
621 N.W. 53 STREET - SUITE 160
BOCA RATON FL 33487**

** Please note address change*
6700 NW Broken Sound Parkway # 202

Name

Street Address (P.O. Box Number is Not Acceptable)

6700 NW Broken Sound Parkway

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Audrey Weinstein, Audrey Weinstein, Secretary*

4/25/03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

TITLE **TAS** ☒ Delete
NAME **HITE, JENEAN**
STREET ADDRESS **120 W. FAYETTE STREET - SUITE 700**
CITY-ST-ZIP **BALTIMORE MD 21201**

TITLE **Treasurer** ☐ Change ☒ Addition
NAME **Ernest Viscuso**
STREET ADDRESS **120 W. Fayette St., #700**
CITY-ST-ZIP **Baltimore, MD 21201**

TITLE **S** ☐ Delete
NAME **WEINSTEIN, AUDREY**
STREET ADDRESS **621 N.W. 53 STREET - SUITE 160**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **ALCORN, ANDREW**
STREET ADDRESS **120 W FAYETTE ST # 700**
CITY-ST-ZIP **BALTIMORE MD 21201-3741**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Audrey Weinstein, Audrey Weinstein, Secretary 4/25/03 877-730-2347*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)