

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

Entity Name: VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY**Current Principal Place of Business:**939 ELKRIDGE LANDING ROAD, SUITE 200
LINTHICUM, MD 21090**Current Mailing Address:**11090 WHITE ROCK ROAD
SUITE 175
RANCHO CORDOVA, CA 95670 US**FEI Number:** 59-2749609**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	DIRECTOR, CEO
Name	ROTHROCK, KIRK E
Address	939 ELKRIDGE LANDING ROAD, SUITE 200
City-State-Zip:	LINTHICUM MD 21090

Title	DIRECTOR
Name	BOXER, MICHAEL E
Address	375 PARK AVENUE, 12TH FLOOR
City-State-Zip:	NEW YORK NY 10152

Title	DIRECTOR
Name	OSNOSS, DANIEL R
Address	375 PARK AVENUE, 12TH FLOOR
City-State-Zip:	NEW YORK NY 10152

Title	TREASURER, CFO, DIRECTOR
Name	SILVERBERG, BRIAN D
Address	939 ELKRIDGE LANDING ROAD, SUITE 200
City-State-Zip:	LINTHICUM MD 21090

Title	DIRECTOR
Name	KABAKER, MATTHEW S
Address	375 PARK AVENUE, 12TH FLOOR
City-State-Zip:	NEW YORK NY 10152

Title	SECRETARY, SENIOR VICE PRESIDENT
Name	TAVEL, BRUCE O
Address	939 ELKRIDGE LANDING ROAD, SUITE 200
City-State-Zip:	LINTHICUM MD 21090

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: BRUCE TAVEL**SENIOR VICE PRESIDENT 03/29/2018
AND SECRETARY**_____
Electronic Signature of Signing Officer/Director Detail_____
Date