

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J47541

**FILED**  
**Mar 29, 2018**  
**Secretary of State**  
**CC538666029**

**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           TREASURER, CFO, DIRECTOR  
Name           SILVERBERG, BRIAN D  
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           KABAKER, MATTHEW S  
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           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