

**2016 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:**939 ELKRIDGE LANDING ROAD, SUITE 200  
LINTHICUM, MD 21090**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 SECRETARY, SVP  
Name WEINSTEIN, AUDREY M  
Address 7700 CONGRESS AVENUE, SUITE 3108  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name CROSBY, CHRISTOPHER J  
Address 50 KENNEDY PLAZA 12TH FLOOR  
City-State-Zip: PROVIDENCE RI 02903

Title SVP  
Name LUCAS, STEPHANIE J  
Address 325 COLUMBIA TURNPIKE SUITE 303  
City-State-Zip: FLORHAM PARK NJ 07932

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

Title DIRECTOR, PRESIDENT  
Name ALCORN, ANDREW  
Address 325 COLUMBIA TURNPIKE SUITE 303  
City-State-Zip: FLORHAM PARK NJ 07932

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

Title SVP  
Name HESS, KIMBERLEY D  
Address 11101 WHITE ROCK ROAD #150  
City-State-Zip: RANCHO CORDOVA CA 95670

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

**Continues on page 2**

*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****SVP AND SECRETARY****04/28/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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