

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

FILED
Apr 28, 2016
Secretary of State
CC7593458604

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

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

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

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

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

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

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

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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