

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

Entity Name: VISION 21 PHYSICIAN PRACTICE MANAGEMENT COMPANY**Current Principal Place of Business:**881 ELKRIDGE LANDING ROAD, SUITE 300
LINTHICUM, MD 21090**Current Mailing Address:**881 ELKRIDGE LANDING RD.
SUITE 300
LINTHICUM, MD 21090 US**FEI Number:** 59-2749609**Certificate of Status Desired:** Yes**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, SENIOR VICE
PRESIDENT
Name TAVEL, BRUCE O
Address 881 ELKRIDGE LANDING ROAD,
SUITE 300
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR
Name KATZ, TODD
Address 200 PARK AVE
City-State-Zip: NEW YORK NY 10166

Title CEO, PRESIDENT
Name RYAN-REID, MEREDITH
Address 881 ELKRIDGE LANDING ROAD
SUITE 300
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR
Name CHIGNOLI, BRADD
Address 501 US HIGHWAY 22
City-State-Zip: BRIDGEWATER NJ 08807

Title CFO, TREASURER
Name DAVIS, KIMBERLY
Address 881 ELKRIDGE LANDING ROAD
SUITE 300
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR
Name BERTELLOTTI-PHELPS, HEATHER
Address 501 ROUTE 22
City-State-Zip: BRIDGEWATER NJ 08807

Title LICENSING COMPLIANCE OFFICER
Name JELKS, LORENA
Address 881 ELKRIDGE LANDING ROAD
SUITE 300
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: LORENA JELKS**LICENSING COMPLIANCE 04/14/2023
OFFICER**_____
Electronic Signature of Signing Officer/Director Detail_____
Date