

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

**FILED
Apr 19, 2019
Secretary of State
8366765116CC**

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: 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 PRESIDENT, DIRECTOR, CEO
Name ROTHROCK, KIRK E
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 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

Title CFO, TREASURER
Name BICKENLL, JONATHAN
Address 939 ELKRIDGE LANDING RSD., STE.
 200
City-State-Zip: LINTHICUM MD 21090

Title CHIEF COMPLIANCE OFFICER
Name ELLINGTON-BUCKLES, HAYLEY
Address 175 E. HOUSTON STREET
City-State-Zip: SAN ANTONIO TX 78205

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

SECRETARY

04/19/2019

Electronic Signature of Signing Officer/Director Detail

Date