

**2019 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:**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        OSNOSS, DANIEL R  
Address     375 PARK AVENUE, 12TH FLOOR  
City-State-Zip: NEW YORK NY 10152

Title        CFO, TREASURER  
Name        BICKENLL, JONATHAN  
Address     939 ELKRIDGE LANDING RSD., STE.  
              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        SECRETARY, SENIOR VICE  
              PRESIDENT  
Name        TAVEL, BRUCE O  
Address     939 ELKRIDGE LANDING ROAD,  
              SUITE 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