

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J47541

FILED
Apr 19, 2017
Secretary of State
CC8531534532

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:

11101 WHITE ROCK ROAD
RANCHO CORDOVA, CA 95670 US

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

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

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

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

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

**SENIOR VICE PRESIDENT 04/19/2017
& SECRETARY**

Electronic Signature of Signing Officer/Director Detail

Date