

547541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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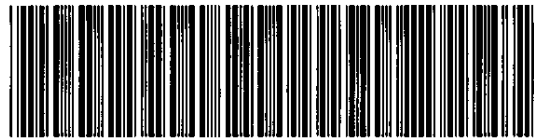
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Allen
5/27/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vision 21 Physician Practice Management Company
Name of Corporation

DOCUMENT NUMBER: J47541

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valerie Reedy
Name of Contact Person

Block Vision, Inc.
Firm/Company

120 W Fayette Street, Suite 700
Address

Baltimore, MD 21201
City/State and Zip Code

vreedy@blockvision.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valerie Reedy at (877) 730-2347
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vision 21 Physician Practice Management Company
2. The principal office address: 120 W Fayette Street, Suite 700
Baltimore, MD 21201
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-13-86 Document number: J47541

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Audrey Weinstein
6111 Broken Sound Pkwy, Suite 370
Boca Raton, FL 33487

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Audrey Weinstein
7700 Congress Avenue, Suite 3108
P.O. Box NOT acceptable
Boca Raton, FL 33487

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Audrey Weinstein
Signature of an officer or director

Audrey Weinstein, Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Audrey Weinstein
Signature of Registered Agent

5-15-09
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *