

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000068034

1. Entity Name
VISION 21 MANAGED EYE CARE OF TAMPA BAY, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91574 001 ***150.00

Principal Place of Business

7360 BRYAN DAIRY RD
STE 200
LARGO FL 33777

Mailing Address

7360 BRYAN DAIRY RD
STE 200
LARGO FL 33777

A0069600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

120 W. FAYETTE ST.
Suite, Apt. #, etc.
700

3. Mailing Address

120 W. FAYETTE ST.
Suite, Apt. #, etc.
700

City & State

BALTIMORE, MD

City & State

BALTIMORE, MD

4. FEI Number 59-3203060

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, DARRELL C
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GILLETTE, THEODORE N.	
STREET ADDRESS	7360 BRYAN DAIRY RD STE 200	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, MARK	
STREET ADDRESS	120 W. FAYETTE ST. #700	
CITY-ST-ZIP	BALTIMORE, MD 21201-3741	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCORN, ANDREW	
STREET ADDRESS	120 W. FAYETTE ST. #700	
CITY-ST-ZIP	BALTIMORE, MD 21201-3741	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RICHARD	
STREET ADDRESS	120 W. FAYETTE ST. #700	
CITY-ST-ZIP	BALTIMORE, MD 21201-3741	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORDON, ELLEN	
STREET ADDRESS	120 W. FAYETTE ST. #700	
CITY-ST-ZIP	BALTIMORE, MD 21201-3741	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD JONES 4/30/01 410-752-0121
Date Daytime Phone #

CR2E034 (10/00)