

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90029 046 ***150.00

DOCUMENT # P93000068034

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

Principal Place of Business

**120 W FAYETTE STREET
 STE 700
 BALTIMORE MD 21201-3741**

Mailing Address

**120 W FAYETTE STREET
 STE 700
 BALTIMORE MD 21201-3741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3203060

Applied For

Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Audrey Weinstein**
 Street Address (P.O. Box Number is Not Acceptable)
Block Vision, Inc
621 NW 53RD STREET, #160
 City **BOCA RATON** FL Zip Code **33487**

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 **Audrey Weinstein, Audrey Weinstein, Secretary** 4/29/02
 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, 2002 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" 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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hite, Jeanne	
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	Weinstein, Audrey	
STREET ADDRESS	621 NW 53rd Street #160	
CITY-ST-ZIP	Boca Raton FL 33487	

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: **Audrey Weinstein, Audrey Weinstein, Secretary** 4/29/02 877-730-2347
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)