


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90020 016 ***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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

40053100



01172007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3203060	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEINSTEIN, AUDREY 6700 NW BROKEN SOUND PKWY #202 BOCA RATON, FL 33487	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALCORN, ANDREW	NAME	
STREET ADDRESS	120 W. FAYETTE ST., #700	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 212013741	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALTON, MARK	NAME	
STREET ADDRESS	3033 N 44TH ST #269	STREET ADDRESS	3033 N 44th ST #270
CITY-ST-ZIP	PHOENIX, AZ 85018	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	Vice President V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINSTEIN, AUDREY	NAME	
STREET ADDRESS	6700 NW BROKEN SOUND PKWY 202	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	Vice President V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNDT, KENNETH	NAME	
STREET ADDRESS	120 W FAYETTE ST, STE 700	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 21201	CITY-ST-ZIP	
TITLE	ASAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, VICKIE	NAME	
STREET ADDRESS	120 W FAYETTE ST, STE 700	STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE, MD 21201	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Audrey Weinstein, Audrey Weinstein, VP+Secretary 4/9/07 730-2347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #