

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000068034

FILED  
Jan 14, 2011  
Secretary of State

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

**Current Principal Place of Business:**

120 W. FAYETTE STREET  
SUITE 700  
BALTIMORE, MD 212013741

**New Principal Place of Business:**

**Current Mailing Address:**

120 W. FAYETTE STREET  
SUITE 700  
BALTIMORE, MD 212013741

**New Mailing Address:**

**FEI Number:** 59-3203060

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEINSTEIN, AUDREY  
7700 CONGRESS AVE  
SUITE 3108  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALCORN, ANDREW  
Address: 120 W. FAYETTE ST, SUITE 700  
City-St-Zip: BALTIMORE, MD 212013741

Title: P  
Name: DALTON, MARK  
Address: 3033 N 44TH ST, SUITE 270  
City-St-Zip: PHOENIX, AZ 85018

Title: VPS  
Name: WEINSTEIN, AUDREY M  
Address: 7700 CONGRESS AVE, SUITE 3108  
City-St-Zip: BOCA RATON, FL 33487

Title: VPT  
Name: ARNDT, KENNETH W  
Address: 120 W. FAYETTE ST, SUITE 700  
City-St-Zip: BALTIMORE, MD 21201

Title: ASAT  
Name: KELLY, VICKIE G  
Address: 120 W. FAYETTE ST, SUITE 700  
City-St-Zip: BALTIMORE, MD 21201

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: AUDREY WEINSTEIN

VPS

01/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date