

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**  
04-30-2003 90110 021 \*\*\*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**

**11028480**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3203060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEINSTEIN, AUDREY**

**621 NW 53RD ST.**

**#160**

**BOCA RATON FL 33487**

*\* Please note address change*

*6700 NW Broken Sound Parkway  
# 202*

Name

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

*6700 Broken Sound Parkway # 202*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Audrey Weinstein, Audrey Weinstein, Secretary 4/25/03*

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 **PD** ☐ Delete  
NAME **ALCORN, ANDREW**  
STREET ADDRESS **120 W. FAYETTE ST., #700**  
CITY-ST-ZIP **BALTIMORE MD 21201-3741**

TITLE **D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TAS** ☒ Delete  
NAME **HITE, JENEAN**  
STREET ADDRESS **120 W. FAYETTE ST., #700**  
CITY-ST-ZIP **BALTIMORE MD 21201-3741**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **WEINSTEIN, AUDREY**  
STREET ADDRESS **621 NW 53RD ST. #700**  
CITY-ST-ZIP **BALTIMORE MD 21201-3741**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Mark Dalton**  
STREET ADDRESS **3033 N. 44th Street # 269**  
CITY-ST-ZIP **Phoenix, AZ 85018**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **Ernest Viscuso**  
STREET ADDRESS **120 W. Fayette St. # 700**  
CITY-ST-ZIP **Baltimore, MD 21201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Audrey Weinstein, Audrey Weinstein, Secretary 4/25/03 877-730-2347*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)