

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90031 036 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000065483**

1. Corporation Name

VISIONMED FLORIDA INC.

Principal Place of Business

 C/O PARTNER PROVIDER HEALTH INC.  
 COMMERCE PLACE, 350 MAIN ST. SUITE 14  
 MALDEN MA 02148

Mailing Address

 C/O PARTNER PROVIDER HEALTH INC.  
 COMMERCE PLACE, 350 MAIN ST. SUITE 14  
 MALDEN MA 02148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/24/1998

4. FEI Number

04-3464523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 350 Main St.

Suite, Apt. #, etc.

22 #14

City &amp; State

23 Malden MA

Zip

24 02148

Country

25 USA

2a. Mailing Address

26 350 Main St.

Suite, Apt. #, etc.

27 #14

City &amp; State

28 Malden MA

Zip

29 02148

Country

30 USA

9. Name and Address of Current Registered Agent

 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Barry Borrosi

STREET ADDRESS 350 Main St #14

CITY-ST-ZIP Malden MA 02148

TITLE ☐ DELETE

NAME Kathy Wood

STREET ADDRESS 350 Main St. #14

CITY-ST-ZIP Malden MA 02148

TITLE ☐ DELETE

NAME Secretary/Treasurer

STREET ADDRESS DANIEL T. SMITH

CITY-ST-ZIP 350 Main St #14

TITLE ☒ DELETE

NAME Arthur Roberts

STREET ADDRESS Treasurer

CITY-ST-ZIP 350 Main St #14

TITLE ☒ DELETE

NAME Secretary

STREET ADDRESS Karen Levy

CITY-ST-ZIP 350 Main St #14

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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  
 Daniel T. Smith 2-1-99

Date

781-385-6300

Daytime Phone #

CR2E034 (1/98)