

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000000446

FILED
May 01, 2012
Secretary of State

Entity Name: TLC VISION CENTERS, INC.

Current Principal Place of Business:

16305 SWINGLEY RIDGE RD.
#300
CHESTERFIELD, MO 63017

New Principal Place of Business:

Current Mailing Address:

16305 SWINGLEY RIDGE RD.
STE. 300
CHESTERFIELD, MO 63017

New Mailing Address:

FEI Number: 52-1852589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: CEO
Name: TIFFANY, JAMES B
Address: 16305 SWINGLEY RIDGE RD., STE. 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: SD
Name: ROGERS, JAMES F
Address: 16305 SWINGLEY RIDGE RD., STE. 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: AS
Name: ANDERSON, CHARICE Y
Address: 16305 SWINGLEY RIDGE RD., STE. 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: AT
Name: COMPTON, JONATHAN
Address: 16305 SWINGLEY RIDGE RD., STE. 300
City-St-Zip: CHESTERFIELD, MO 63017

Title: D
Name: FLYNN, PETER E
Address: 16305 SWINGLEY RIDGE RD, STE 300
City-St-Zip: CHESTERFIELD, MO 63017

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: CHARICE ANDERSON

AS

05/01/2012

Electronic Signature of Signing Officer or Director

Date