

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000001087

**Entity Name:** ALIMERA SCIENCES, INC.

**Current Principal Place of Business:**

6310 TOWN SQUARE  
SUITE 400  
ALPHARETTA, GA 30005

**FILED**  
**Jan 24, 2022**  
**Secretary of State**  
**9441971269CC**

**Current Mailing Address:**

6310 TOWN SQUARE  
SUITE 400  
ALPHARETTA, GA 30005 US

**FEI Number: 20-0028718**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Officer/Director Detail :**

Title            CEO  
Name            EISWIRTH, RICHARD S.  
Address        6310 TOWN SQUARE  
                 SUITE 400  
City-State-Zip: ALPHARETTA GA 30005

Title            DIRECTOR  
Name            PIZZO, PETER  
Address        6310 TOWN SQUARE  
                 SUITE 400  
City-State-Zip: ALPHARETTA GA 30005

Title            DIRECTOR  
Name            LARGENT, JAMES  
Address        10190 OVBERHILL DRIVE  
City-State-Zip: SANTA ANNA CA 92705

Title            DIRECTOR  
Name            HALAK, BRIAN  
Address        ONE PALMER SQUARE SUITE 515  
City-State-Zip: PRINCETON NJ 08542

Title            DIRECTOR  
Name            KONG, GARHENG  
Address        1301 SHOREWAY ROAD SUITE 350  
City-State-Zip: BELMONT CA 94002

Title            DIRECTOR  
Name            MYERS, DAN  
Address        6310 TOWN SQUARE  
                 SUITE 400  
City-State-Zip: ALPHARETTA GA 30005

Title            DIRECTOR  
Name            SNISARENKO, JOHN  
Address        6310 TOWN SQUARE  
                 SUITE 400  
City-State-Zip: ALPHARETTA GA 30005

Title            SECRETARY  
Name            CHRISTOPHER, VISICK S  
Address        6310 TOWN SQUARE  
                 SUITE 400  
City-State-Zip: ALPHARETTA GA 30005

**Continues on page 2**

*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: CHRISTOPHER S. VISICK**

**SECRETARY**

**01/24/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PARSONS, ERIN  
Address        6310 TOWN SQUARE  
                 SUITE 400  
City-State-Zip: ALPHARETTA GA 30005