

**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**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 OVBERRHILL 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