

2023 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

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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 VISICK**SECRETARY****01/06/2023**

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