

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000001138

**Entity Name:** SUPERIOR VISION SERVICES, INC.**Current Principal Place of Business:**881 ELKRIDGE LANDING RD.  
SUITE 300  
LINTHICUM, MD 21090**Current Mailing Address:**881 ELKRIDGE LANDING ROAD  
SUITE 300  
LINTHICUM, MD 21090 US**FEI Number:** 13-3741352**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 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 SENIOR VICE PRESIDENT,  
SECRETARY, GENERAL COUNSEL  
Name TAVEL, BRUCE  
Address 881 ELKRIDGE LANDING ROAD  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR  
Name KATZ, TODD  
Address 200 PARK AVE  
City-State-Zip: NEW YORK NY 10166

Title TAX OFFICER  
Name MCCLAIN, AARON  
Address 200 PARK AVE  
City-State-Zip: NEW YORK NY 10166

Title CEO, PRESIDENT  
Name RYAN-REID, MEREDITH  
Address 881 ELKRIDGE LANDING RD.  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title CFO AND TREASURER  
Name DAVIS, KIMBERLY  
Address 881 ELKRIDGE LANDING ROAD  
SUITE 300  
City-State-Zip: LINTHICUM MD 21090

Title DIRECTOR  
Name BERTELLOTTI-PHELPS, HEATHER  
Address 501 ROUTE 22  
City-State-Zip: BRIDGEWATER NJ 08807

Title TAX OFFICER  
Name KLOTZBACH, MICHELLE  
Address 11330 OLIVE BLVD.  
City-State-Zip: ST. LOUIS MO 63141

Title DIRECTOR  
Name CHIGNOLI, BRADD  
Address 501 US HIGHWAY 22  
City-State-Zip: BRIDGEWATER NJ 08807

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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:** LORENA JELKS**LICENSING COMPLIANCE 04/11/2023  
OFFICER**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	LICENSING COMPLIANCE OFFICER	Title	SALES & OPERATIONS OFFICER
Name	JELKS, LORENA	Name	MONTUORI, PAUL
Address	881 ELKRIDGE LANDING RD. SUITE 300	Address	881 ELKRIDGE LANDING RD. SUITE 300
City-State-Zip:	LITHICUM MD 21090	City-State-Zip:	LINTHICUM MD 21090