


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90007 036 \*\*\*158.75

**DOCUMENT # F00000002018**

1. Entity Name  
**DAVIS VISION, INC.**



Principal Place of Business      Mailing Address  
**159 EXPRESS STREET**      **159 EXPRESS STREET**  
**PLAINVIEW, NY 11803**      **PLAINVIEW, NY 11803**

**40058483**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

03242008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**11-3051991**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAY, ROBERT C	
STREET ADDRESS	120 FIFTH AVENUE	
CITY-ST-ZIP	PITTSBURGH, PA 15222	
TITLE	S	<input type="checkbox"/> Delete
NAME	ENTERLINE, RICHARD J	
STREET ADDRESS	1800 CENTER STREET 1A LEVEL 4	
CITY-ST-ZIP	CAMP HILL, PA 17011	
TITLE	TASS	<input type="checkbox"/> Delete
NAME	GABEL, LAWRENCE M	
STREET ADDRESS	159 EXPRESS STREET	
CITY-ST-ZIP	PLAINVIEW, NY 11803	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CARLOMUSTO, JOSEPH	
STREET ADDRESS	159 EXPRESS STREET	
CITY-ST-ZIP	PLAINVIEW, NY 11803	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLANDINO, DAVID A	
STREET ADDRESS	5230 CENTRE AVENUE	
CITY-ST-ZIP	PITTSBURGH, PA 15232	
TITLE		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nanette Lynn Paden DeTurk	
STREET ADDRESS	Highmark Inc., 120 Fifth Avenue	
CITY-ST-ZIP	Pittsburgh, PA 15222	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **Date** **(516) 982-9600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Joseph Carlomusto, President and Chief Executive Officer.*

# ATTACHMENT

2008 For Profit Corporation Annual Report: *Rider A*  
(Supplementing Item 10 & 11)

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Full Listing of Officers & Directors of Davis Vision, Inc.

# F00000002018

Title: D  
Name: David Arthur Blandino, M.D.  
Street Address: UPMC-Shadyside Hospital, 5230 Center Avenue, Pittsburgh, PA 15232

Title: P/D  
Name: Joseph Carlomusto  
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: C/D  
Name: Nanette Lynn Paden DeTurk  
Street Address: Highmark, Inc., 120 Fifth Avenue, Pittsburgh, PA 15222

Title: S  
Name: Richard Joseph Enterline, Esq.  
Street Address: Highmark, Inc., 1800 Center Street 1A 408, Camp Hill, PA 17011

Title: T/ASS  
Name: Lawrence Martin Gabel  
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: AST (Assistant Treasurer)  
Name: Kevin Eric Marpoe  
Street Address: Highmark Inc., 120 Fifth Avenue, Pittsburgh, PA 15222

Title: D  
Name: Brett Christopher Moraski  
Street Address: Highmark Inc., 120 Fifth Avenue, Pittsburgh, PA 15222

Title: D  
Name: William Crothers Springer  
Street Address: 7718 Ancient Indian Drive, Tucson, AZ 85718

Title: V  
Name: Michael James O'Connor  
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: V  
Name: Dale Lee Paustian  
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

Title: V  
Name: Thomas James Rosa  
Street Address: Davis Vision, Inc., 2921 Erie Blvd. E., Syracuse, NY 13224

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Title: V  
Name: Michael Lee Thibdeau  
Street Address: 711 Troy Schenectady Road, Suite 301, Latham, NY 12110-2488

Title: V  
Name: Alan Keith Thrower  
Street Address: Davis Vision, Inc., 2921 Erie Blvd. E., Syracuse, NY 13224

Title: V  
Name: Joseph Alan Wende, O.D.  
Street Address: Davis Vision, Inc., 159 Express Street, Plainview, NY 11803

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**DAVIS VISION INC.**  
**CHECK REQUEST FORM**

DATE 03/24/08

VENDOR NAME Florida Department of State

ADDRESS Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

AMOUNT \$158.75 CK NEEDED BY ASAP

DESCRIPTION Filing fee associated with Florida For-Profit Corporation

Annual Report.

REQUESTED BY Nicholas Peterson

APPROVED BY Heather N. Reynolds

Do not write below this line - for accounting department use only.

COMPANY \_\_\_\_\_

PERIOD POST \_\_\_\_\_

VENDOR ID \_\_\_\_\_

G/L# \_\_\_\_\_

DEPT# \_\_\_\_\_

COST CENTER# \_\_\_\_\_

REFERENCE# \_\_\_\_\_

1099 BOX \_\_\_\_\_

(If not provider, W-9 on File?) \_\_\_\_\_



ATTACHMENT  
40058289

Nicholas Peterson  
Legal Department  
Davis Vision, Inc.  
159 Express Street  
Plainview, New York 11803  
(516) 932-9500 ext. 3020  
npeterson@davisvision.com

April 2, 2008

**VIA OVERNIGHT MAIL**

Florida Department of State  
Division of Corporations  
2760 Executive Center Circle  
Suite 100  
Tallahassee, FL 32301

**Re: 2008 For-Profit Corporation Annual Report for Davis Vision, Inc.  
Document# F0000002018**

Dear Sir or Madam:

Enclosed, please find an executed copy of the foreign corporation annual report for our corporation, Davis Vision, Inc. for the calendar year of 2008. Additionally, please take notice of Rider A (a full listing of our Officers and Directors) to supplement item 10 and 11 of the annual report. Further, a check to the amount of one-hundred fifty-eight dollars and seventy-five cents (\$158.75) is enclosed to serve as the filing fee and fee associated with the issuance of Certificate of Status Desired.

We trust that you will find all necessary information to your satisfaction. If any questions arise, please feel free to directly contact the undersigned.

Thank you for your time and cooperation regarding this matter.

Sincerely Yours,

Nicholas Peterson  
Compliance & Regulatory Affairs  
Davis Vision, Inc.

Encls. hr