2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State
01-15-2004 90005 044 ***150.00

DOCUMENT # F00000003976

1. Entity Name
LASER VISION CENTERS, INC.

Principal Place of Business	Mailing Address
540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141	540 MARYVILLE CENTRE DRIVE, SUITE 200 ST. LOUIS, MO 63141

DO NOT WRITE IN THIS SPACE

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
43-1530063
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CEOD
NAME	VAMVAKAS, ELIAS
STREET ADDRESS	5280 SOLAR DRIVE
CITY-ST-ZIP	MISSISSAUGA, ON CANADA, l4w 5m8
TITLE	DS
NAME	MAY, ROBERT W
STREET ADDRESS	540 MARYVILLE CENTRE DRIVE, SUITE 200
CITY-ST-ZIP	ST. LOUIS, MO 63141
TITLE	VT
NAME	BONO, B. CHARLES
STREET ADDRESS	540 MARYVILLE CENTRE DRIVE, SUITE 200
CITY-ST-ZIP	ST. LOUIS, MO 63141
TITLE	COPD
NAME	WACHTMAN, JAMES C
STREET ADDRESS	540 MARYVILLE CENTRE DRIVE, SUITE 200
CITY-ST-ZIP	ST. LOUIS, MO 63141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ Robert W. May, Secretary 1/6/04 (314) 434-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #