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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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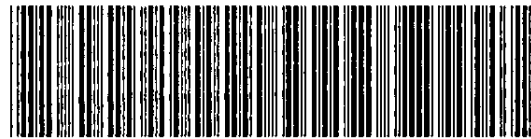
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 FEB 14 AM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Chivers FEB 15 2011

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** SIGHTPATH MEDICAL, INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KRISTIN RYAN

Name of Person

TLC VISION

Firm/Company

16305 SWINGLEY RIDGE RD, STE 300

Address

CHESTERFIELD, MO 63017

City/State and Zip code

KRISTIN.RYAN@TLCVISION.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTIN RYAN

Name of Person

at ( 636 ) 534-2269

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &  
Certificate of Status

☐ \$78.75 Filing Fee &  
Certified Copy

☐ \$87.50 Filing Fee,  
Certificate of Status &  
Certified Copy

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TALLAHASSEE, FL 32301  
SECRETARY OF STATE

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. SIGHTPATH MEDICAL, INC.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MINNESOTA

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_

(FEI number, if applicable)

4. 9/27/1991

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 16305 SWINGLEY RIDGE RD, STE 300, CHESTERFIELD, MO 63017

(Principal office address)

16305 SWINGLEY RIDGE RD, STE 300, CHESTERFIELD, MO 63017

(Current mailing address)

8. PROVIDE OPHTHALMIC SERVICES

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: NATIONAL REGISTERED AGENTS, INC

Office Address: 2731 EXECUTIVE PARK DR, STE 4

WESTON

(City)

, Florida 33331

(Zip code)

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10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature) Sean L. Emmerck, Asst. Sec.

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: JAMES B. TIFFANY

Address: 16305 SWINGLEY RIDGE ROAD, STE 300  
CHESTERFIELD, MO 63017

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JAMES F. ROGERS

Address: 16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

Director: PETER E. FLYNN

Address: 16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

**B. OFFICERS**

President: JAMES B. TIFFANY

Address: 16305 SWINGLEY RIDGE ROAD  
CHESTERFIELD, MO 63017

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JAMES F. ROGERS

Address: 16305 SWINGLEY RIDGE RD, STE 300, CHESTERFIELD, MO 63017

Treasurer: JANE FRAZIER

Address: 16305 SWINGLEY RIDGE RD, STE 300, CHESTERFIELD, MO 63017

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. CHARICE Y ANDERSON - ASSISTANT SECRETARY

(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SIGHTPATH MEDICAL, INC.**  
**OFFICERS & DIRECTORS**

JAMES B TIFFANY – PRESIDENT/DIRECTOR  
16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

PETER E FLYNN – CFO/DIRECTOR  
16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

JAMES F ROGERS – SECRETARY/DIRECTOR  
16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

JANE FRAZIER – TREASURER  
16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

CHARICE Y ANDERSON – ASSISTANT SECRETARY  
16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

JONATHAN COMPTON – ASSISTANT TREASURER  
16305 SWINGLEY RIDGE RD, STE 300  
CHESTERFIELD, MO 63017

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

# State of Minnesota

## SECRETARY OF STATE

### Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: Sightpath Medical, Inc.

Date Formed: 09/27/1991

Chapter Governed By: 302A

This certificate has been issued on 01/24/11.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Mark Ritchie*  
Secretary of State.