SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 28 AM 7:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P34937** **(3)**

1. Corporation Name
LASERSIGHT INCORPORATED

Principal Place of Business	Mailing Address
3251 PROGRESS DR STE - B ORLANDO FL 32826 US	3251 PROGRESS DR STE - B ORLANDO FL 32826 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 12249 Science Dr.
22 Suite, Apt. #, etc: Ste 160
23 City & State: Orlando, FL
24 Zip: 32826
25 Country: U.S.A.

2a. Mailing Address
26: 12249 Science Dr.
27 Suite, Apt. #, etc: Ste. 160
28 City & State: Orlando, FL
29 Zip: 32826
30 Country: U.S.A.

4. FEI Number: 65-0273162 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LIN, J.T.
3403 TECHNOLOGICAL AVE
SUITE 12
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name: Craig E. Nickerson
82 Street Address (P.O. Box Number is Not Acceptable)
83: 11502 Bacon St.
84 City: Orlando **FL** 85 Zip Code: 32817

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Craig E. Nickerson (Typed or printed name of registered agent and title if applicable) Craig E. Nickerson Secretary (If not Registered Agent, signature required when mandatory) 7-24-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	President + CEO (DP)	☑ Change ☐ Addition
NAME	LIN, J.T.	12 NAME	Robert Quaile	
STREET ADDRESS	3403 TECHNOLOGICAL AVE., STE 12	13 STREET ADDRESS	12249 Science Dr., Ste. 160	
CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	Orlando, FL 32826	
TITLE		21 TITLE	Treasurer + Secretary (ST)	☐ Change ☑ Addition
NAME		22 NAME	Craig E. Nickerson	
STREET ADDRESS		23 STREET ADDRESS	11502 Bacon St	
CITY ST ZIP		24 CITY ST ZIP	Orlando, FL 32817	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Craig E. Nickerson Craig E. Nickerson 7-24-95 407-382-2702
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0138330 FP