

AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P34937			
1. Corporation Name LASERSIGHT INCORPORATED			
Principal Place of Business 12249 SCIENCE DR. STE 160 ORLANDO FL 32826 US		Mailing Address 12249 SCIENCE DR. STE 160 ORLANDO FL 32826 US	
2. Principal Place of Business 21 3300 University Blvd. Suite, Apt. #, etc. Suite 140 City & State Winter Park, FL Zip 32792 Country U.S.		2a. Mailing Address 26 3300 University Blvd. Suite, Apt. #, etc. Suite 140 City & State Winter Park, FL Zip 32792 Country U.S.	
3. Date Incorporated or Qualified 07/31/1991			
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 owes the current year intangible Personal Property. ☐ Yes ☒ No			
9. Name and Address of Current Registered Agent NICKERSON, CRAIG E 3403 TECHNOLOGICAL AVE 11502 BACON ST. ORLANDO FL 32817		10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 83 1200 South Pine Island Road 84 City Plantation FL 85 Zip Code 33324	
11. Pursuant to the provisions of sections 607.0109 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 <i>Vicky Goldstein</i> VICKY GOLDSTEIN 8-23-99 Special Assistant Secretary			
12. OFFICERS AND DIRECTORS			
TITLE	CEOP	☐ DELETE	
NAME	FARRIS, MICHAEL		
STREET ADDRESS	12249 SCIENCE DR., SUITE 160		
CITY-ST-ZIP	ORLANDO FL 32826		
TITLE	ST	☒ DELETE	
NAME	NICKERSON, CRAIG E		
STREET ADDRESS	11502 BACON ST		
CITY-ST-ZIP	ORLANDO FL 32817		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President, Director	☒ Change ☐ Addition	
1.2 NAME	Farris, Michael R		
1.3 STREET ADDRESS	3300 University Blvd., Ste 140		
1.4 CITY-ST-ZIP	Winter Park, FL 32792		
2.1 TITLE	Chief Operating Officer, Director	☐ Change ☒ Addition	
2.2 NAME	Crowley, Richard J.		
2.3 STREET ADDRESS	3300 University Blvd., Ste. 140		
2.4 CITY-ST-ZIP	Winter Park, FL 32792		
3.1 TITLE	Chief Financial Officer, Secretary, Treasurer	☐ Change ☒ Addition	
3.2 NAME	Wilson, Gregory L.		
3.3 STREET ADDRESS	3300 University Blvd., Ste. 140		
3.4 CITY-ST-ZIP	Winter Park, FL 32792		
4.1 TITLE	Exec. Vice President, Chief Technical Officer	☐ Change ☒ Addition	
4.2 NAME	Dayton, Michael		
4.3 STREET ADDRESS	3300 University Blvd., Ste 140		
4.4 CITY-ST-ZIP	Winter Park, FL 32792		
5.1 TITLE	Assistant Secretary	☐ Change ☒ Addition	
5.2 NAME	Barnes, Billie		
5.3 STREET ADDRESS	3300 University Blvd., Ste 140		
5.4 CITY-ST-ZIP	Winter Park, FL 32792		
6.1 TITLE		☐ Change ☐ Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. 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 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: <i>Richard J. Crowley</i>		Date 907-678-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90008 001 *2,235.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/99)