2003 FOR PROFIT CORPORATION

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000095614 1. Entity Name OPHTHALMIC GROUP WORLDWIDE, INC.						FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90318 044 ***150.00				
2. Principal Place of Business 1000 Commerce Park Suite, Apt. #, etc. 3. Mailing Address 1000 Commer Suite, Apt. #, etc.				rce Par	<u>K</u>	☐ CHECK HERE IF MAKING CHANGES				
City & Stat	Ridge TW	City &	3. State	TN		4. F	FEI Number 5	3-2503783	——————————————————————————————————————	pplied For lot Applicable
378;	Country	Zip 3 7	P30	Country		5. (Certificate of Sta	tus Desired	\$8.75 Ad Fee Require	Iditional
	6. Name and Address of Current F			Nome		7. N	Name and Addr	ess of New Registe	red Agent	
MORRISON, WILLIAM J 3125 TYRONE BLVD. ST. PETERSBURG FL 33710					Name Street Address (P.O. Box Number is Not Acceptable)					
				City					FL Zip Coo	te
the obligation of the state of	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 (Payable to Florida Department of	nd title if appli		i: Registered Agent sign			einstating) 9. Election		ATE \$5.0	OO May Be
10.	OFFICERS AND I		as	11.		ĀD	L DITIONS/CHAN	IGES TO OFFICERS	AND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LINKOUS, BRIAN C 11221 OUTLET DR. SUITE 7 KNOXVILLE TN 37932		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT. LINIS	S, D Kov	s, Brian ommerce Ridue	C. Parlc TN 3783	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MIXNER, DAVID B 3125 TYRONE BLVD SAINT PETERSBURG FL 33710		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	J		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MIXNER, HEIDI 3125 TYRONE BLVD SAINT PETERSBURG FL 33710		Delete Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP	s	_			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				☐ Change	Addition
TITLE Name Street address City-St-Zip			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S				☐ Change	Addition
TITLE NAME			☐ Delete	TITLE					☐ Change	Addition

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 an other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #