

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000004283

**Entity Name:** SURGICAL EYE EXPEDITIONS INTERNATIONAL, INC.**Current Principal Place of Business:**6500 HOLLISTER, SUITE 120  
GOLETA, CA 93117**Current Mailing Address:**1199 N FAIRFAX ST, STE 300  
ALEXANDRIA, VA 22314 US**FEI Number:** 31-1682275**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CEO  
Name            BELL, DON  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            DIRECTOR  
Name            GACK, KENNETH D ESQ  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            SECRETARY, TREASURER  
Name            HUDSON, HOWARD R CPA  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            CMO  
Name            LEVENSON, JEFFREY  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            CHAIR  
Name            GROFF, SCOTT W  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            CFO, CDO  
Name            TENNANT, RACHEL  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            DIRECTOR  
Name            GOODMAN, RANDALL MD  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title            VP  
Name            CASTELLANOS, ARIANNA  
Address        6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DON BELL****PRESIDENT****03/21/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name WATLING , W. WRIGHT  
Address 6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title DIRECTOR  
Name REDDY, MADHAVI  
Address 6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title DIRECTOR  
Name PIERAMICI, DANTE  
Address 6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title DIRECTOR  
Name MORROW , TRAVIS  
Address 6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117

Title DIRECTOR  
Name O'CONNOR, WILLIAM  
Address 6500 HOLLISTER, SUITE 120  
City-State-Zip: GOLETA CA 93117