

1.) CORPORATION NAME: Eye Physicians of Southwest Virginia, P.C. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PHILLIP G HEARL 366 W MAIN ST STE 100 ABINGDON, VA	DUE DATE: 7/31/2014 SCC ID NO: 03786332 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: WASHINGTON COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 328 A CUMMINGS STREET CITY/ST/ZIP: ABINGDON, VA 24210
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: W DAVID KISER TITLE: PRESIDENT ADDRESS: 1128 N MAIN STREET CITY/ST/ZIP/CO: MARION, VA 24354	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: WILLIAM F PRESTOWITZ MD TITLE: VICE PRESIDENT ADDRESS: 328A CUMMINGS STREET CITY/ST/ZIP/CO: ABINGDON, VA 24210	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ W DAVID KISER	W DAVID KISER, PRESIDENT	6/18/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.