

1.) CORPORATION NAME: Ophthalmic Plastic & Orbital Consultants, P.C. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ALAN ROSENBULM 228 S WASHINGTON ST STE 300 ALEXANDRIA, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALEXANDRIA CITY 4.) STATE OR COUNTRY OF INCORPORATION: MD	DUE DATE: 4/30/2015 SCC ID NO: F1150939 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>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
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6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 6420 ROCKLEDGE DRIVE SUITE 4300 CITY/ST/ZIP: BETHESDA, MD 20817

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: KEVIN I. PERMAN, M.D. TITLE: PRES/SEC/TREAS ADDRESS: 5721 BRADLEY BLVD CITY/ST/ZIP/CO: BETHESDA, MD 20814	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ALBERT S CYTRYN MD TITLE: VICE PRESIDENT ADDRESS: 7709 MARY CASSATT DRIVE CITY/ST/ZIP/CO: POTOMAC, MD 20854	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ KEVIN I. PERMAN, M.D. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KEVIN I. PERMAN, M.D., PRES/SEC/TREAS PRINTED NAME AND CORPORATE TITLE	4/28/2015 DATE
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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.