

1.) CORPORATION NAME:

Laser Vision Centers, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1466103**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 16305 SWINGLEY RIDGE ROAD
STE 300

CITY/ST/ZIP: CHESTERFIELD, MO 63017-

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: JAMES B TIFFANY
TITLE: DIRECTOR
ADDRESS: 16305 SWINGLEY RIDGE RD
STE 300
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-1777

OFFICER DIRECTOR

NAME: PETER E FLYNN
TITLE: DIRECTOR
ADDRESS: 16305 SWINGLEY RIDGE RD
STE 300
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-1777

OFFICER DIRECTOR

NAME: JAMES F ROGERS
TITLE: DIRECTOR
ADDRESS: 16305 SWINGLEY RIDGE RD
STE 300
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-1777

OFFICER DIRECTOR

NAME: JAMES B TIFFANY
TITLE: PRESIDENT
ADDRESS: 16305 SWINGLEY RIDGE RD
STE 300
CITY/ST/ZIP/CO: CHESTERFIELD, MO 63017-1777

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER E FLYNN CFO 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES F ROGERS SECRETARY 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES FEINSTEIN SENIOR VP 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HENRY W LYNN CIO 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ELLEN-JO E PLASS SENIOR VP 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAN ROBINS VICE PRESIDENT 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JANE FRAZIER TREASURER 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JONATHAN COMPTON ASST TREASURER 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHARICE Y ANDERSON ASST SECRETARY 16305 SWINGLEY RIDGE RD STE 300 CHESTERFIELD, MO 63017-1777	<input checked="" type="checkbox"/> OFFICER	<input 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/ JAMES F ROGERS	JAMES F ROGERS, DIRECTOR	8/31/2011
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.