

**Form 4101—General Information
(Vision Support Organization Registration)**

The attached form is designed to meet minimal statutory filing requirements pursuant to the relevant code provisions. *This form and the information provided are not substitutes for the advice and services of an attorney.*

Commentary

Vision support organizations (VSOs) are governed by Chapter 74 of the Texas Business and Commerce Code (B&CC) and the secretary of state’s administrative rules to be codified at 1 Texas Administrative Code Chapter 107. Section 74.004 of the B&CC sets forth the primary registration requirements for VSOs.

This form is for both initial registrations as well as renewals. A registration is effective on the date the completed registration, any required attachments, and the filing fee are received by the secretary of state. Registrations expire annually on December 31st and must be renewed by January 31st of each calendar year.

Any changes to the information given on the registration must be filed with the secretary of state semiannually. A Vision Support Organization Statement of Correction may be used to update the information as necessary.

Instructions for Form

- **Preliminary Information:** Select the appropriate box indicating whether this is an initial registration or renewal. For renewals, the registration number assigned by the secretary of state should be provided to facilitate processing of the document.
- **VSO Information:** The registration must set forth the VSO’s legal name as well as its business address and mailing address, if different.
- **Ownership Information:** The registration must set forth the name and business address of each optometrist who owns any portion of the VSO. Section 74.001 defines “optometrist” as an individual optometrist or therapeutic optometrist licensed to practice optometry in Texas. The registration must also list each person who is not an optometrist and owns 5% or more of the VSO. If the number of owners exceeds the space provided, include the information in an addendum and attach to this form.
 - An individual or entity under this section must identify as either an Optometrist Owner or Non-Optometrist Owner by checking the applicable box on the form.
 - An Optometrist Owner is an individual optometrist or therapeutic optometrist licensed to practice optometry in this state who also owns any portion of the VSO.
 - A Non-Optometrist Owner can be an individual or business entity that owns 5% or more of the VSO. If Non-Optometrist Owner is selected and the person is an individual, the name of the individual should be completed. If Non-Optometrist Owner is selected and the person is a business entity, the legal name of the entity should be completed.
- **Business Support Services Provided to Optometrists:** Section 74.001 of the B&CC defines “business support services” as business, management, consulting, or administrative services, facilities, or staff provided for an optometrist or an entity that employs or contracts with an optometrist to provide services or products, including:
 - (A) office space, furnishings, equipment, supplies, or inventory;

- (B) staff employed by a vision support organization;
- (C) regulatory compliance;
- (D) eye care equipment, supplies, or products;
- (E) information systems;
- (F) marketing or advertising;
- (G) financial services;
- (H) accounting, bookkeeping, or monitoring of accounts receivable;
- (I) payroll or benefits administration;
- (J) billing and collection for services and products;
- (K) reporting and payment of federal or state taxes;
- (L) administration of interest expense or indebtedness incurred to finance the operation of a business;
- (M) insurance services; or
- (N) group purchasing services

If a VSO provides two or more business support services to an optometrist, then the registration should include the name of the optometrist, the name of the professional entity or optometry practice through which services are provided to an optometrist, and the business address. The business support services should be described in the box that follows. The vision support agreement determines the number and type of business support services provided.

If the number of optometrists exceeds the space provided, include the information in an addendum and attach to this form.

As a ministerial filing office, the secretary of state cannot make a determination as to whether an activity constitutes a “business support service” under the statute. For assistance in determining whether a particular service meets this definition, please consult your private attorney.

- **Attachments:** The following items *must* be included with the registration:
 1. Filing fee of \$150;
 2. Vision Support Organization ownership information addendum and Vision Support Organization business support services addendum, as necessary.
- **Execution:** The registration must be signed by a person authorized to act by or on behalf of the VSO.
- **Payment and Delivery Instructions:** The filing fee for a VSO initial or renewal registration is **\$150**. Fees may be paid by: (1) a personal check or money order payable through a U.S. bank or financial institution and made payable to the secretary of state; (2) a funded LegalEase account; or (3) a prefunded secretary of state client account. Please include a payment form (Form 807) with a paper submission.

Submit the completed form, filing fee, and necessary attachments may be: (1) mailed to P.O. Box 13193, Austin, Texas 78711-3193; or (2) delivered to the James Earl Rudder Office Building, 1019 Brazos, Austin, Texas 78701. The secretary of state will issue a certificate of registration upon filing of a completed registration.

Form 4101 Rev. 1/2024

Submit to:
SECRETARY OF STATE
Registrations Unit
P O Box 13193
Austin, TX 78711-3193
512-475-0775

Filing Fee: \$150



**VISION SUPPORT ORGANIZATION
REGISTRATION**

**This space reserved for office
use only.**

- Initial Registration
- Renewal of Registration

Registration Number: _____
(Applicable for renewals only)

Vision Support Organization Information

Vision Support Organization (VSO) Name: _____

Business Address *(Please include street address, city, state and zip code):* _____

Mailing Address *(if different from above):* _____

Contact Name: _____
Contact Email Address: _____ Contact Phone: _____

Ownership Information

List each optometrist who owns any portion of the VSO as well as each person who is not an optometrist and owns 5% or more of the VSO. For each person named, select either optometrist owner or non-optometrist owner. See instructions for additional information. Include Vision Support Organization ownership information addendum as necessary if number of owners exceeds space provided.

Name: _____ Optometrist Owner: Non-Optometrist Owner:

Business Address *(Please include street address or P.O. box, city, state and zip code):* _____

Name: _____ Optometrist Owner: Non-Optometrist Owner:

Business Address *(Please include street address or P.O. box, city, state and zip code):* _____

Name: _____ Optometrist Owner: Non-Optometrist Owner:

Business Address *(Please include street address or P.O. box, city, state and zip code):* _____

Name: _____ Optometrist Owner: Non-Optometrist Owner:

Business Address *(Please include street address or P.O. box, city, state and zip code):* _____

Business Support Services Provided to Optometrists

Identify each licensed optometrist and entity that employs or contracts with an optometrist to provide eye care services in Texas with which the VSO has entered into a vision support agreement to provide two or more business support services. Identify the type of business support services provided. Include Vision Support Organization business support services addendum as necessary if number of optometrists exceeds space provided.

Optometrist Name: _____
Name of Professional Entity or Optometry Practice: _____
Business Address (Please include street address, city, state and zip code): _____
Describe all business support services provided: _____

Optometrist Name: _____
Name of Professional Entity or Optometry Practice: _____
Business Address (Please include street address, city, state and zip code): _____
Describe all business support services provided: _____

Optometrist Name: _____
Name of Professional Entity or Optometry Practice: _____
Business Address (Please include street address, city, state and zip code): _____
Describe all business support services provided: _____

Optometrist Name: _____
Name of Professional Entity or Optometry Practice: _____
Business Address (Please include street address, city, state and zip code): _____
Describe all business support services provided: _____

Attachments

The following items are included with this registration:

1. \$150 filing fee;
2. Vision Support Organization ownership information addendum and Vision Support Organization business support services addendum, as necessary.

Execution

Date: _____

By: _____
Name of vision support organization (see instructions)

Signature of authorized person (see instructions)

Printed or typed name of authorized person