

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F00000002431**1. Entity Name  
OPTICARE EYE HEALTH NETWORK, INC.

## Principal Place of Business

112 ZEBULON COURT

ROCKY MOUNT

27804

NC

## Mailing Address

112 ZEBULON COURT

ROCKY MOUNT

27804

NC

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

**56-1674129**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/30/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BARKER ALLAN L.O.D.  
STREET ADDRESS 87 GRANDVIEW AVE.  
CITY-ST-ZIP WATERBURY CT 06708TITLE D ☒ Change ☐ Addition  
NAME BARKER ALLAN L.O.D.  
STREET ADDRESS 112 ZEBULON COURT  
CITY-ST-ZIP ROCKY MOUNT NC 27804TITLE CD ☐ Delete  
NAME YIMOYINES DEAN  
STREET ADDRESS 87 GRANDVIEW AVE.  
CITY-ST-ZIP WATERBURY CT 06708TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE TD ☐ Delete  
NAME DITMAN STEVEN  
STREET ADDRESS 87 GRANDVIEW AVE.  
CITY-ST-ZIP WATERBURY CT 06708TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE S ☒ Delete  
NAME FISHER STEPHEN P  
STREET ADDRESS 87 GRANDVIEW AVE.  
CITY-ST-ZIP WATERBURY CT 06708TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE V ☒ Delete  
NAME HARROLD JASON  
STREET ADDRESS 2323 SUNSET AVENUE  
CITY-ST-ZIP ROCKY MOUNT NC 27804TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE P ☐ Delete  
NAME PETTEWAY SAMUEL  
STREET ADDRESS 112 ZEBULON COURT  
CITY-ST-ZIP ROCKY MOUNT NC 27804TITLE P ☒ Change ☐ Addition  
NAME HARROLD JASON  
STREET ADDRESS 112 ZEBULON COURT  
CITY-ST-ZIP ROCKY MOUNT NC 27804

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jason Harrold

Mr.

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)