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Corporation N  MANITAL	Iame IRIN EYECARE	ASSOCIATES	INC		•				
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ncipal Place of	f Business		Mailing Address					HUH DIDH DID	II 818II I <b>V</b> A
11111-68 SAN JACKSONVILLI			11111-68 SAN JOS JACKSONVILLE FL						
	- · <del></del>		***************************************	-		Date Incorporated or Qualified	3a. Date of		
Principal Place	e of Business	2	a. Mailing Address			04/08/1991 4. FEI Number	U3/0	01/1995 Appl	lied For
Suite, Apt. #, i	etc	26	Suite, Apt. #, etc.		<del></del>	59-3113707		Not.	Applicab dditional
		27	7		! 	5. Certificate of Status Desired		Fee Req	uired
City & State		28	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 M Addled to	Fees
Zφ	Count 25	ry <b>29</b>	Zip	30	ntry		is ∐No		9.032,
		ess of Current Reg			81 Name	10. Name and Address of New	Registered Age	ent	
JACKSON	NVILLE FL 32258	T DRIVE EAST			83 City		FLI	85 Zip Co	
JACKSON  Pursuant to to registered	NVILLE FL 32258  the provisions of Sec	tions 607.0502 and I	607.1508, Florida Stat ich change was authc 07.0505, Florida Statu	tutes, the al prized by the tes.	84 City	oration submits this statement for the p ard of directors. I hereby accept the ap	FLI	'	
Pursuant to to registered familiar with,	the provisions of Sec 3 agent, or both, in th and accept the oblig gastre, typed or printed name	tions 607,0502 and le State of Florida. Su ations of, Section 60 of registered agent and tits	07.0505, Florida Statu e if applicable	(NOTE: Registe	84 City  ve-named corporation's book in agent signature requir	red when reinstaling)	urpose of chang pointment as rec	ing Its regis gistered age	stered of ent. I am
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