

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90398 044 \*\*\*150.00

**DOCUMENT # S44465**

1. Entity Name  
**MANDARIN EYECARE ASSOCIATES, INC.**

Principal Place of Business 11111-68 SAN JOSE BLVD. JACKSONVILLE FL 32223	Mailing Address 11111-68 SAN JOSE BLVD. JACKSONVILLE FL 32223
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>11111-44 SAN JOSE Blvd</i>	3. Mailing Address <i>11111-44 SAN JOSE Blvd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>JACKSONVILLE FL</i>	City & State <i>JACKSONVILLE FL</i>	4. FEI Number <b>59-3113707</b>	Applied For <input type="checkbox"/>
Zip <i>32223</i>	Country <i>USA</i>	Zip <i>32223</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>HATHY, SAMUEL O.D.</b> 12837 JULINGTON FOREST DRIVE EAST JACKSONVILLE FL 32258		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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]* *GARY HATHY* DATE *4/30/01*

Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HATHY, SAMUEL O.D.</b> 12837 JULINGTON FOREST JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HATHY, GARY</b> 10059 HUNNINGTON FOREST JACKSONVILLE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>7144 ANDALUSIA AVE JACKSONVILLE FL 32217</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HATHY, LARRY</b> 2737 HILLVIEW ST. SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 supplementary 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 another I am empowered.

SIGNATURE: *[Signature]* *GARY HATHY* DATE *4/30/01* DAYTIME PHONE # *904-292-3975*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (10/00)