2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2004
Secretary of State

DOCUMENT# S44465

Entity Name: MANDARIN EYECARE ASSOCIATES, INC.

Current Principal Place of Business:

11111-44 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11111-44 SAN JOSE BLVD.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 59-3113707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HATHY, SAMUEL O.D.
12837 JULINGTON FOREST DRIVE EAST
JACKSONVILLE, FL 32258

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HATHY, SAMUEL O.D.,
Address: 12837 JULINGTON FOREST
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: HATHY, GARY,
Address: 7144 ANDALUSM AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D ( ) Delete
Name: HATHY, LARRY,
Address: 2737 HILLVIEW ST.
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HATHY VP 08/28/2004

Electronic Signature of Signing Officer or Director Date