

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S44465

**FILED**  
**Jan 13, 2005**  
**Secretary of State**

**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 US

**Name and Address of New Registered Agent:**

HATHY, SAMUEL O.D.  
1367 MALLARD LANDING BLVD.  
JACKSONVILLE, FL 32259 US

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

01/13/2005

Date

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: D (X) Change ( ) Addition  
Name: HATHY, SAMUEL O.D.,  
Address: 1367 MALLARD LANDING BLVD.  
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: D (X) Change ( ) Addition  
Name: HATHY, LARRY,  
Address: 2737 HILLVIEW ST.  
City-St-Zip: SARASOTA, FL 34239

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

Electronic Signature of Signing Officer or Director

VP

01/13/2005

Date