2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H82920

1. Entity Name
VISUAL HEALTH AND SURGICAL CENTER, INC.

Principal Place of Business	Mailing Address
2889 TENTH AVENUE NORTH #306 LAKE WORTH, FL 33461	2889 TENTH AVENUE NORTH #306 LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

01212004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1236591	Not Applicable

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

6. Name and Address of Current Registered Agent

SHIPLEY, NANCY L
2889 TENTH AVENUE NORTH
#306
LAKE WORTH, FL 33461

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COFFMAN, TOM M M.D.
STREET ADDRESS	2889 TENTH AVENUE NORTH
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	STD
NAME	COFFMAN, MADONNA
STREET ADDRESS	2889 TENTH AVENUE NORTH
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	DCEO
NAME	SHIPLEY, NANCY L
STREET ADDRESS	2889 TENTH AVENUE NORTH
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nancy L. Shipley*, CEO   561-964-0707

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