2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H82920

1. Enlity Name

VISUAL HEALTH AND SURGICAL CENTER, INC.



04-19-2004 90349 010 ***150.00

Apr 19, 2004 8:00 am Secretary of State

FILED

Principal Place of Business

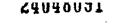
Mailing Address

2889 TENTH AVENUE NORTH

#306 LAKE WORTH, FL 33461 2889 TENTH AVENUE NORTH

#306

LAKE WORTH, FL 33461



561-964-0707 Daytime Phone II



DO NOT WRITE IN THIS SPACE

01212004 No Chg-P 4. FEI Number 59-1236591		CR2E034 (10/03)		
			Applied For	
			Not Applicable	
5. Certificate of	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

SIGNATURE:

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the putions of registered agent.	rpose of changing its registered	office or	egistered agent, or bo	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signatur	e required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COFFMAN, TOM M M.D. 2889 TENTH AVENUE NORTH LAKE WORTH, FL 33461				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COFFMAN, MADONNA 2889 TENTH AVENUE NORTH LAKE WORTH, FL 33461				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DRESS 2889 TENTH AVENUE NORTH			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
TITLE NAME STREET ADORESS CITY-ST-ZIP					
indicated of the co	l on this report or supplemental report is true a	nd accurate and that my signatu to execute this report as require	re shall ha	ve the same legal effec	 i), Florida Statutes, I further certify that the information t as if made under oath; that I am an officer or director s; and that my name appears in Block 10 or Block 11 if