

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # H82920

Entity Name

VISUAL HEALTH AND SURGICAL CENTER, INC.

FILED

01 APR 30 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2889 Tenth Avenue North #306 Lake Worth, FL 33461		Mailing Address same	
Principal Place of Business same		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1236591		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent The Prentice-Hall Corp. System 1201 Hays Street, Suite 105 Tallahassee, FL 32301		7. Name and Address of New Registered Agent Name Tom M. Coffman, M.D. Street Address (P.O. Box Number is Not Acceptable) 2889 Tenth Avenue North Suite 306 City Lake Worth FL Zip Code 33461	

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

Tom M. Coffman, M.D.

4/28/01

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐FILE NOW!!! FEE IS \$150.00
After May 1, 2001 Fee will be \$200.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SEE ATTACHED LIST, ALL OF WHOM ARE TO BE DELETED <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tom M. Coffman, M.D. 2889 Tenth Avenue North Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary/Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Madonna Coffman 2889 Tenth Avenue North Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director/Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nancy L. Shipley 2889 Tenth Avenue North Lake Worth, FL 33461
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	100004195271--3 -05/11/01--01029--022 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

COPY 11/1/01

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 included 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/01

Date

561-964-0707

Telephone

2920

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00046890

Dwight E. Long	Vice President	One Park Plaza Nashville, TN 37203
Mike T. Bray	Vice President	One Park Plaza Nashville, TN 37203
Don Liedtke	Vice President	13455 Noel Road, 20 th Floor Dallas, TX 75240
Greg Beasley	Vice President	13455 Noel Road, 20 th Floor Dallas, TX 75240
Carol Harbin	Vice President	13455 Noel Road, 20 th Floor Dallas, TX 75240
Dora A. Blackwood	Assistant Secretary	One Park Plaza Nashville, TN 37203
David L. Denson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Dianne Johnson	Assistant Secretary	One Park Plaza Nashville, TN 37203
Julie Wickwire	Assistant Secretary	One Park Plaza Nashville, TN 37203
Kenneth Kurt Roth	Assistant Secretary	One Park Plaza Nashville, TN 37203
Lisa Marie Meister	Assistant Secretary	One Park Plaza Nashville, TN 37203
Joseph Stephen Haase	Assistant Secretary	One Park Plaza Nashville, TN 37203
Christopher Gentile	Assistant Secretary	One Park Plaza Nashville, TN 37203
Robert Jerome Nevens	Assistant Secretary	One Park Plaza Nashville, TN 37203

***Directors
(Florida)**

Persons employed in the capacity of Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Administrator and Assistant Administrator of facilities owned and/or operated by this Corporation, are authorized by the Board of Directors of this Corporation to negotiate and enter into contracts and agreements necessary in the conduct of the day-to-day business of such facility, including, but not limited to, physician contracts, leases, purchase agreements, cost reports, etc., which with the advice of legal counsel, shall be deemed appropriate and advisable, and to execute and deliver Certificates of Resolution required in connection with such contracts and agreements.