

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 042 ***150.00

DOCUMENT # H82920
 1. Entity Name
VISUAL HEALTH AND SURGICAL CENTER, INC.



Principal Place of Business 2889 TENTH AVENUE NORTH #306 LAKE WORTH, FL 33461	Mailing Address 2889 TENTH AVENUE NORTH #306 LAKE WORTH, FL 33461
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40065231



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1236591	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 COFFMAN, TOM M MD
 2889 TENTH AVENUE NORTH
 #306
 LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

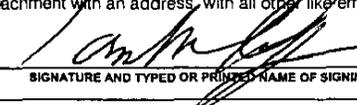
FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/20/06** 561-064-0707
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #