

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009149

FILED
Apr 16, 2009
Secretary of State

Entity Name: VISUAL HEALTH @ JUPITER EYE CENTER, LLC

Current Principal Place of Business:

2889 10TH AVE. NORTH
SUITE 306
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2889 10TH AVE. NORTH
SUITE 306
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-1110939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFMAN, TOM
2889 10TH AVE., N #306
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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

Date

MANAGING MEMBERS/MANAGERS:

Title: DV () Delete
Name: COFFMAN, MADONNA
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

Title: P () Delete
Name: COFFMAN, TOM MD
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LOREN RESTREPO

ACCT

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date