

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009149

**FILED**  
**Apr 30, 2010**  
**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  
Name: COFFMAN, MADONNA  
Address: 2889 10TH AVE N  
City-St-Zip: LAKE WORTH, FL 33461

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

I hereby 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: MADONNA COFFMAN

DV

04/30/2010

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