

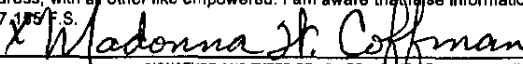


FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # H82920			
1. Entity Name Visual Health and Surgical Center.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business - No P.O. Box # 2889 10th Ave. North		3. Mailing Address 2889 10th Ave. North	
Suite, Apt. #, etc. 306		Suite, Apt. #, etc. 306	
City & State Palm Springs FL		City & State Palm Springs FL	
Zip 33461 Country USA		Zip 33461 Country USA	
4. FEI Number 59-1234591		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Tom M. Coffman MD	
		Street Address (P.O. Box Number is Not Acceptable) 2889 10th Ave. North	
		Suite 306	
		City Palm Springs FL Zip Code 33461	
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 		Date 5/16/11	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State.		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
		E-mail Address: E-mail address to be used for future annual report notices.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tom M. Coffman MD 2889 10th Ave. North Palm Springs FL 33461		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Madonna W. Coffman 2889 10th Ave. North Palm Springs FL 33461		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.05, F.S.			
SIGNATURE: 		DATE 5/16/11 Daytime Phone # 561-964-0707	