

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H82920

**Entity Name:** VISUAL HEALTH AND SURGICAL CENTER, INC.

**Current Principal Place of Business:**

44 BARKLEY CIRCLE  
FORT MYERS, FL 33907

**Current Mailing Address:**

44 BARKLEY CIRCLE  
FORT MYERS, FL 33907 US

**FEI Number:** 59-1236591

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** SCOTT WHITE

03/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name COOK, BEN  
Address 44 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title CFO  
Name CREMATA, ARMANDO  
Address 44 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

Title ASST. SECRETARY  
Name STANLEY, JOCELYN  
Address 44 BARKLEY CIRCLE  
City-State-Zip: FORT MYERS FL 33907

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BEN COOK

CEO

03/22/2023

Electronic Signature of Signing Officer/Director Detail

Date