

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# H82920

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

**Current Principal Place of Business:**

2889 TENTH AVENUE NORTH  
#306  
LAKE WORTH, FL 33461

**Current Mailing Address:**

2889 TENTH AVENUE NORTH  
#306  
LAKE WORTH, FL 33461

**FEI Number:** 59-1236591

**Certificate of Status Desired:** No

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

COFFMAN, TOM MMD  
2889 TENTH AVENUE NORTH  
#306  
LAKE WORTH, FL 33461 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name COFFMAN, TOM MM.D.  
Address 2889 TENTH AVENUE NORTH  
City-State-Zip: LAKE WORTH FL 33461

Title V  
Name COFFMAN, MADONNA  
Address 2889 TENTH AVENUE NORTH  
City-State-Zip: LAKE WORTH FL 33461

*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:** MADONNA COFFMAN

V

03/21/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date