

2014 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

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date