

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009149

Entity Name: VISUAL HEALTH @ JUPITER EYE CENTER, LLC

Current Principal Place of Business:

2889 10TH AVE. NORTH
SUITE 306
LAKE WORTH, FL 33461

Current Mailing Address:

2889 10TH AVE. NORTH
SUITE 306
LAKE WORTH, FL 33461

FEI Number: 65-1110939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFFMAN, TOM
2889 10TH AVE., N #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

Authorized Person(s) Detail :

Title	DV	Title	P
Name	COFFMAN, MADONNA	Name	COFFMAN, TOM MD
Address	2889 10TH AVE N	Address	2889 10TH AVE N
City-State-Zip:	LAKE WORTH FL 33461	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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MADONNA COFFMAN

DV

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date