

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 600778

1. Entity Name
VISUAL HEALTH @ FORT LAUDERDALE, INC.



Principal Place of Business
**2540 N.E. 9TH STREET
FT LAUDERDALE, FL 33304**

Mailing Address
**2889 TENTH AVENUE NORTH, STE. 306
LAKE WORTH, FL 33461**



01212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1228423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COFFMAN, TOM
2889 10TH AVE. N
#306
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COFFMAN, TOM M M.D.
STREET ADDRESS 2889 TENTH AVENUE NORTH, #306
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE DST
NAME COFFMAN, MADONNA
STREET ADDRESS 2889 TENTH AVENUE NORTH, #306
CITY-ST-ZIP LAKE WORTH, FL 33461

TITLE
NAME
STREET ADDRESS
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05/05/05-80086-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05 561-227-3101