

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90057 021 ***150.00

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

40117180



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1228423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Madonna St. Coffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-07
Date

561-227-3104
Daytime Phone #