


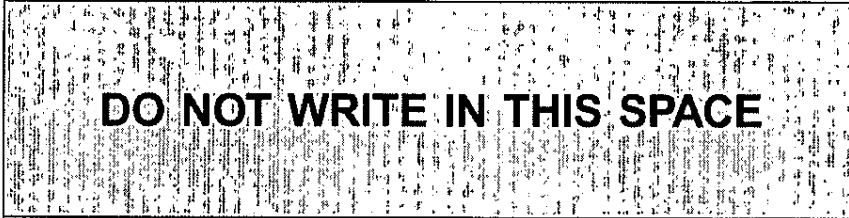
**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**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
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 COFFMAN, TOM  
 2889 10TH AVE. N  
 #306  
 LAKE WORTH, FL 33461

4. FEI Number 59-1228423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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.

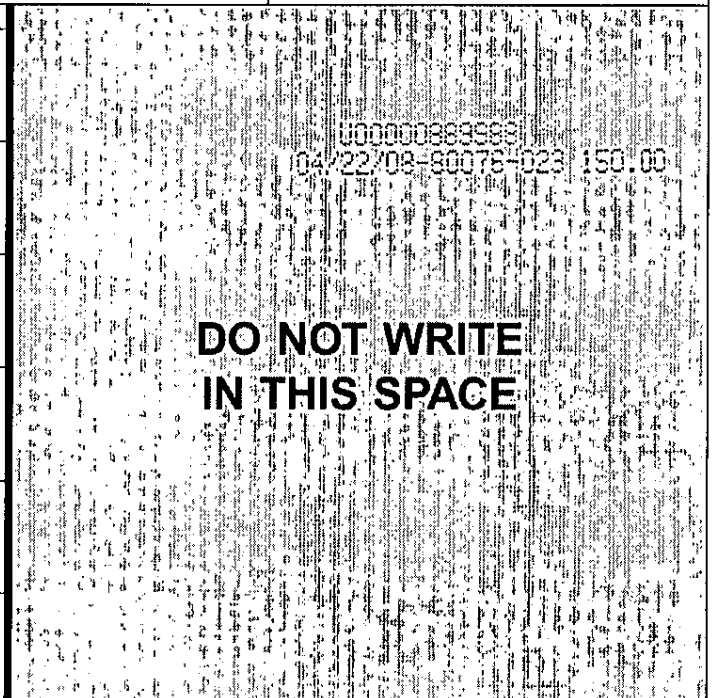
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	



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 M. Coffman 1-18-08 561-227-3101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #