


**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only  
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DOCUMENT # 600778 1. Entity Name <i>Visual Health @ Fort Lauderdale</i>	
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FILED

11 MAY 20 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <i>2540 NE 9th St</i>	3. Mailing Address <i>2889 10th Ave. North</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>306</i>

CR2E034B (1/11)

City & State <i>Fort Lauderdale FL</i>	City & State <i>Palm Springs FL</i>	4. FEI Number <i>59-1228423</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33304</i>	Country <i>USA</i>	Zip <i>33461</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

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MADONNA COFFMAN

7. Name and Address of Current Registered Agent

Name <i>Visual Health @ Fort Lauderdale</i>
Street Address (P.O. Box Number is Not Acceptable) <i>2540 NE 9th St</i>
City <i>Fort Lauderdale</i>
State <i>FL</i>
Zip Code <i>33304</i>

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 *x Madonna St. Coffman*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-instating)

*5/10/11*  
DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended AR is \$61.25  
Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Tom H. Coffman MD 2889 10th Ave. North Palm Springs FL 33461</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Madonna W. Coffman 2889 10th Ave. North Palm Springs FL 33461</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>5/20</i>
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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 on an attachment with an address, with all other like empowered. I am aware that this information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165 F.S.

SIGNATURE: *x Madonna St. Coffman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/10/11*  
DATE

*311-964-0707*  
Daytime Phone #