

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90163 042 ***150.00

DOCUMENT # H82920

1. Entity Name
VISUAL HEALTH AND SURGICAL CENTER, INC.



Principal Place of Business
**2889 TENTH AVENUE NORTH
#306
LAKE WORTH, FL 33461**

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

40065231



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1236591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COFFMAN, TOM M MD
2889 TENTH AVENUE NORTH
#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, 2006 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
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	STD
NAME	COFFMAN, MADONNA
STREET ADDRESS	2889 TENTH AVENUE NORTH
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/06 561-064-0707