

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-21-2007 90057 018 ***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

40111111



01102007 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, 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 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

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CITY-ST-ZIP

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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 H. Coffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-07 561-227-3104
Date Daytime Phone #