FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # H82920

1. Entity Name
Visual Health and Surgical Center.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2889 10th Ave. North	2889 10th Ave. North
Suite, Apt. #, etc. 306	Suite, Apt. #, etc. 306
City & State Palm Springs FL	City & State Palm Springs FL
Zip 33461 Country USA	Zip 33461 Country USA

CR2E034B (1/11)

4. FEI Number 59-1234591 — Applied For / Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Tom M Coffman MD

Street Address (P.O. Box Number is Not Acceptable): 2889 10th Ave. North
Suite 306

City Palm Springs FL Zip Code 33461

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] MD 5/16/11

Signature, typed or printed name of registered agent and title if applicable. (REQUIRED when reinstating)

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 Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

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	Tom M Coffman MD 2889 10th Ave. North Palm Springs FL 33461
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Madonna W. Coffman 2889 10th Ave. North Palm Springs FL 33461
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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05/09/11--01014--004 **150.00

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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 false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: X Madonna W. Coffman 5/16/11 561-964-0707

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