2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# H82920

Entity Name: VISUAL HEALTH AND SURGICAL CENTER, INC.

Current Principal Place of Business:

2889 TENTH AVENUE NORTH
#306
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

2889 TENTH AVENUE NORTH
#306
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 59-1236591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COFFMAN, TOM M MD
2889 TENTH AVENUE NORTH
#306
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: COFFMAN, TOM M M.D.
Address: 2889 TENTH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33461

Title: V
Name: COFFMAN, MADONNA
Address: 2889 TENTH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MADONNA COFFMAN V 01/05/2012

Electronic Signature of Signing Officer or Director — Date