
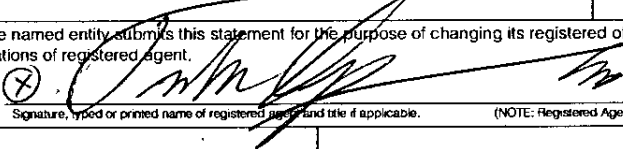



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90042 026 *****50.00

DOCUMENT # L01000006917 1. Entity Name VISUAL HEALTH @ CITYPLACE, LLC					
Principal Place of Business 701 S. ROSEMARY AVE., #103 WEST PALM BEACH, FL 33401			Mailing Address 2889 10TH AVE. NORTH SUITE 306 LAKE WORTH, FL 33461		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1098193	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHIPLEY, NANCY L 2889 10TH AVE. NORTH SUITE 306 LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name Tom Coffman Street Address (P.O. Box Number is Not Acceptable) 2889 10th Ave N. #306 City Lake Worth 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  DATE 4/12/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFMAN, MADONNA 2889 10TH AVE N LAKE WORTH, FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHIPLEY, NANCY 2889 10TH AVE N LAKE WORTH, FL 33461	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFMAN, TOM MD 2889 10TH AVE N LAKE WORTH, FL 33461	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  DATE 4/12/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					