

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-27-2006 90021 020 ****50.00

40056881



01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1098193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COFFMAN, TOM
 2889 10TH AVE., N #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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

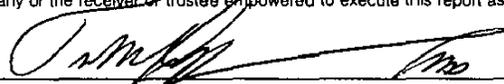
**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COFFMAN, MADONNA 2889 10TH AVE N LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COFFMAN, TOM MD 2889 10TH AVE N LAKE WORTH, FL 33461
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DO NOT WRITE IN THIS SPACE

11. 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 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: 4/27/06 Daytime Phone #: 561-9640707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE