


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90175 013 \*\*\*138.75

<b>DOCUMENT # L01000006917</b> 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 - No P.O. Box # 102 Coastal Way			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Jupiter Florida			City & State		
Zip 33477		Country Palm Beach		Zip Country	
4. FEI Number 65-1098193				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01172008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent COFFMAN, TOM 2889 10TH AVE., N #306 LAKE WORTH, FL 33461			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		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	MGRM COFFMAN, TOM MD 2889 10TH AVE N LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFMAN, TOM MD 2889 10TH AVE N LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COFFMAN, TOM MD 2889 10TH AVE N LAKE WORTH, FL 33461	<input type="checkbox"/> Delete			
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: <u>Madonna K. Coffman</u>				1-18-08 561-227-3101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

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