

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006917

FILED
May 20, 2011
Secretary of State

Entity Name: VISUAL HEALTH @ CITYPLACE, LLC

Current Principal Place of Business:

102 COASTAL WAY
JUPITER, FL 33477

New Principal Place of Business:

Current Mailing Address:

2889 10TH AVE. NORTH
SUITE 306
LAKE WORTH, FL 33461

New Mailing Address:

FEI Number: 65-1098193 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COFFMAN, TOM
2889 10TH AVE., N #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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: COFFMAN, MADONNA
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

Title: MGRM
Name: COFFMAN, TOM MD
Address: 2889 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MADONNA COFFMAN MGRM 05/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date