2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006917

1. Entity Name

VISUAL HEALTH @ CITYPLACE, LLC



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90012 007 ****50.00

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Solle, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. CHy & State CHy & State A. FEI Number 65-1088193 Application for Application of Appl	701 S. ROSEMARY AVE #103 WEST PALM BEACH FL 33401		2889 10TH AVE. NORTH SUITE 306	2889 10TH AVE. NORTH SUITE 306		1 1121	18)(6)(80)8) 40)(80)()	Ožiji domi odki od		1851 1861 1861
City & State City & State City & State A. FET Number 65-1098193 Applied For Not Applied Fo	2. Principal F	Place of Business	3. Mailing Address							
Zip Country Zip Country S. Certificate of Status Desired Set Agnications Set Agn	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
S. Name and Address of Current Registered Agent	City & State		City & State							
SHIPLEY, NANCY [2889 10TH AVE. NORTH SUITE 306 LAKE WORTH FL 33461 Street Address (P.O. Box Number is Not Acceptable) City FL ZPCOde City	Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$5.00 Additional				
SHIPLEY, NANCY I 2889 10TH AVE. NORTH SUITE 306 LAKE WORTH FL 33461 City FL Zip Code City FL Zip Cod		6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of Nev			
### Addition ##		NEV MANOVI		Nai	me		· · · · · · · · · · · · · · · · · · ·			
LAKE WORTH FL 33461 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Page of prime changing temperature Page of Pa	2889	10TH AVE. NORTH		Street Address (P.			?O. Box Number is Not Acceptable)			
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Sympature Impact or printed rame of registered agent and title it applicable. (NOTE Progressed Agent agents when rendearing) DATE										
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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: SIGNATURE AND TYPED OR PRINTED

561-964-0707

Daytime Phone #