

# FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only  
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DOCUMENT # P00000036470

1. Entity Name

Beyond 20/20, Inc.



FILED

11 MAY 31 AM 10:02

CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

2889 10th Ave. North

3. Mailing Address

2889 10th Ave. North

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

CR2E034B (1/11)

City & State

Palm Springs, FL

City & State

Palm Springs, FL

4. FEI Number

05-1001317

Applied For

Not Applicable

Zip

33461

Country

USA

Zip

33461

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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7 Name and Address of Current Registered Agent

Name

Tom M Coffman MD

Street Address (P.O. Box Number is Not Acceptable)

2889 10th Ave. North Suite 300

City

Palm Springs

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

*Tom M Coffman*

5/16/11

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00

May Be  
Added to Fees

E-mail Address:

ab@visualhealth.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*P  
Tom M Coffman MD  
2889 10th Ave. North Palm Springs FL 33461*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*V  
Madonna W. Coffman  
2889 10th Ave. North Palm Springs FL 33461*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.145 F.S.

SIGNATURE:

*Madonna W. Coffman*

5/16/11

561-964-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #