


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P00000036516	
1. Entity Name <i>Lake Worth ASE Inc.</i>	

FILED

11 MAY 31 AM 9:08

SECRET
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <i>2889 10th Ave. North</i>	3. Mailing Address <i>2889 10th Ave. North</i>
Suite, Apt. #, etc. <i>203</i>	Suite, Apt. #, etc. <i>306</i>
City & State <i>Palm Springs FL</i>	City & State <i>Palm Springs FL</i>
Zip <i>33461</i>	Country <i>USA</i>

CR2E034B (1/11)

4. FEI Number <i>65-1001318</i>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name <i>Tom M. Coffman MD</i>	
Street Address (P.O. Box Number is not Acceptable) <i>2889 10th Ave. North Suite 203</i>	
City <i>Palm Springs</i>	FL Zip Code <i>33461</i>

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 <i>Tom M. Coffman</i>	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 <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: <i>ap@visualhealth.com</i> E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Tom M. Coffman MD 2889 10th Ave. North Palm Springs FL 33461</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V Madonna W. Coffman 2889 10th Ave. North Palm Springs FL 33461</i>
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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, 155 F.S.		
SIGNATURE: <i>Madonna W. Coffman</i>	5/16/11	561-964-0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE	Daytime Phone #