

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006917

Entity Name: VISUAL HEALTH @ CITYPLACE, LLC

Current Principal Place of Business:

102 COASTAL WAY
JUPITER, FL 33477

Current Mailing Address:

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

FEI Number: 65-1098193

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COFFMAN, TOM
2889 10TH AVE., N #306
LAKE WORTH, FL 33461 US

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

Authorized Person(s) Detail :

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

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MADONNA COFFMAN

MANAGER

04/25/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date