

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048908

Entity Name: VIRTUALMED, LLC

Current Principal Place of Business:

1720 HARRISON STREET STE 1805
HOLLYWOOD, FL 33020

Current Mailing Address:

1720 HARRISON STREET STE 1805
HOLLYWOOD, FL 33020 US

FEI Number: 26-2657704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUTLER, MARK FESQ
1720 HARRISON STREET STE 1805
HOLLYWOOD, FL 33020 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
Name WOLLSCHLAEGER, BERND
Address 16899 N.E. 15TH AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title MGRM
Name JACKISCH, PETER
Address 1250 E HALLANDALE BEACH BLVD
#901
City-State-Zip: HALLANDALE FL 33009

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BERND WOLLSCHLAEGER

PCEO

04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date