

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000005884

1. Entity Name

VIRTUAL CARE PROVIDER, INC.



FILED

04 MAY -7 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

111 WEST MICHIGAN STREET
MILWAUKEE, WI 53203

Mailing Address

111 WEST MICHIGAN STREET
MILWAUKEE, WI 53203

\$150.00



04232004

Chg-P

CR2E034 (10/03)

84

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-1998853

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME RHINELANDER, MELVIN A
STREET ADDRESS 111 WEST MICHIGAN STREET
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE VT ☐ Delete
NAME DURISHAN, MARK W
STREET ADDRESS 111 WEST MICHIGAN STREET
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE S ☒ Delete
NAME CALKIN, JOY D DR/
STREET ADDRESS 111 WEST MICHIGAN STREET
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE VP ☐ Delete
NAME Small, Philip
STREET ADDRESS 111 W. Michigan St.
CITY-ST-ZIP Milwaukee WI 53203

TITLE S ☐ Delete
NAME Fountain, J.illian E.
STREET ADDRESS 111 W. Michigan St.
CITY-ST-ZIP Milwaukee WI 53203

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500036557715
05/18/04--01062--018 **1650.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark W. Durishan

Mark W. Durishan

4/27/04

414/908-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #