

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000005884

1. Entity Name
VIRTUAL CARE PROVIDER, INC.



Principal Place of Business
111 WEST MICHIGAN STREET
MILWAUKEE, WI 53203

Mailing Address
111 WEST MICHIGAN STREET
MILWAUKEE, WI 53203



04212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000545519
05/11/06-80080-003 150.00

10. OFFICERS AND DIRECTORS

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

TITLE VP
NAME BERTRAND, RICHARD L
STREET ADDRESS 111 WEST MICHIGAN STREET
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE VP
NAME SMALL, PHILIP
STREET ADDRESS 111 WEST MICHIGAN STREET
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE S
NAME FOUNTAIN, JILLIAN E
STREET ADDRESS 111 WEST MICHIGAN STREET
CITY-ST-ZIP MILWAUKEE, WI 53203

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Philip W Small *Philip W Small* 4/29/2006 414-908-8000