

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90041 039 \*\*\*150.00

**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

**40067636**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

39-1998853

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

## 10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPICFD ☐ Change ☒ Addition  
NAME Harris, Douglas J.  
STREET ADDRESS 111 W. Michigan street  
CITY-ST-ZIP Milwaukee, WI 53203

TITLE President ☐ Change ☒ Addition  
NAME Lukenda, Timothy L.  
STREET ADDRESS 111 W. Michigan street  
CITY-ST-ZIP Milwaukee, WI 53203

TITLE Secretary ☒ Change ☐ Addition  
NAME Fountain, Jillian E  
STREET ADDRESS 3000 Steeles Ave. East, Suite 700  
CITY-ST-ZIP Markham, Ontario, Canada, L3R 9W2

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 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Douglas J. Harris*

Date

Daytime Phone #

*414-908-8000*