

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048908

FILED
Apr 07, 2009
Secretary of State

Entity Name: VIRTUALMED, LLC

Current Principal Place of Business:

1720 HARRISON STREET STE 1805
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

Current Mailing Address:

1720 HARRISON STREET STE 1805
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUTLER, MARK F ESQ
1720 HARRISON STREET STE 1805
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WOLLSCHLAEGER, BERND
Address: 16899 N.E. 15TH AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: MGRM () Delete
Name: JACKISCH, PETER
Address: 1250 E HALLANDALE BEACH BLVD #901
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: PETER JACKISCH

MGRM

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date