

MOS 600000 4445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

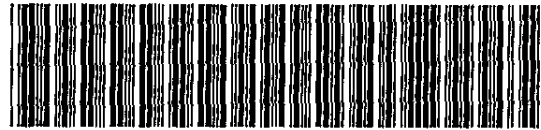
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MOS-4445
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Virtual Medical Systems, LLC
(Name of Corporation)

DOCUMENT NUMBER: M05000004445

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cory Gelmon
(Name of Contact Person)

Brittania Law Office
(Firm/Company)

505 Elbow Drive SW, Suite 270
(Address)

Calgary, AB Canada T2S 2T6
(City/State and Zip Code)

For further information concerning this matter, please call:

Cory Gelmon at (800) 808-0899
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2006

CORY GELMON
505 ELBOW DRIVE SW, SUITE 270
CALGARY, AB CANADA, T2S2T-6 XX

SUBJECT: VIRTUAL MEDICAL SYSTEMS, LLC
Ref. Number: M05000004445

We have received your document for VIRTUAL MEDICAL SYSTEMS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 506A00026240

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtual Medical Systems, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Love
(Name of Person)

Friedman, Rosenwasser & Goldbaum, P.A.
(Firm/Company)

5355 Town Center Road, Suite 801
(Address)

Boca Raton, Florida 33486
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Deborah Love at (561) 3955511 ext 514
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount: FEE PREVIOUSLY SENT IN
THIS IS A CORRECTED FILING

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Virtual Medical Systems, LLC
2. The mailing address of the limited liability company is : 7200 W. Camino Real
Suite 300, Boca Raton, FL 33433
3. Date of filing/registration in Florida 08-05-2005
4. Document number MO5000004445

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Ronald N. Rosenwasser
Name
5355 Town Center Rd, Ste. 801
Address
Boca Raton, FL 33486
City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation Systems
Name
1200 S. Pine Island Rd.
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deborah Love
(Signature of a member or authorized representative of a member)

Deborah Love
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

CT Corporation Systems / Angel Nunez
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00