

**MD50000004445**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

LS

LS

Office Use Only



**300103585283**

06/07/07--01030--013 \*\*25.00

**FILED**  
2007 JUN 22 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

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

Dear Sir or Madam:

The enclosed application, certificate 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 Rd., Suite 801  
(Address)

Boca Raton, Florida 33487  
(City/State and Zip Code)

For further information concerning this matter, please call:

Debby Love at ( 561 ) 395-5511  
(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:**

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 8, 2007

DEBORAH LOVE  
FRIEDMAN, ROSENWASSER & GOLDBAUM, P.A.  
5355 TOWN CENTER ROAD, STE. 801  
BOCA RATON, FL 33487

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

We have received your document for VIRTUAL MEDICAL SYSTEMS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because the above referenced out-of-state limited liability company cannot file an annual report form until January 1st of the next calendar year, the entity must complete the AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S), to amend the manager(s) or managing member(s) on our records.

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) 245-6967.

Leslie Sellers  
Document Specialist

Letter Number: 607A00039150

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY  
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: virtual Medical Systems, LLC

2. This entity was formed under the laws of: Alaska

3. This entity was authorized to transact business in Florida on 08/05/2005  
and its Florida document/registration number is M05000004445

4. The name and address of each manager or managing member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

James Gaetz  
7200 West Camino Real  
Suite 300  
Boca Raton, FL 33433

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

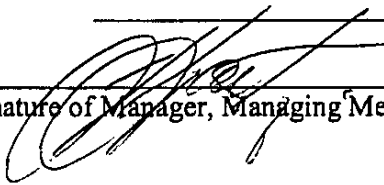
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Required Signature:

  
(Signature of Manager, Managing Member or Member)

Filing Fee: \$25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JUN 22 AM 11:11

FILED