

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90156 027 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000071062**
 1. Corporation Name
VIRTUAL MED, INC.



Principal Place of Business
 7933 WEST DRIVE
 SUITE 506
 N BAY VILLAGE FL 33141

Mailing Address
 7933 WEST DRIVE
 SUITE 506
 N BAY VILLAGE FL 33141

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/26/1996

2. Principal Place of Business
 21 **3575 NE 207th St**
 Suite, Apt. #, etc. **B#6**
 22 **Aventura FL**
 23 **33180** **USA**

2a. Mailing Address
 26 **3575 NE 207th St**
 Suite, Apt. #, etc. **B#6**
 27 **Aventura FL**
 28 **33180** **USA**

4. FEI Number
65-0689611

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No **paid**

9. Name and Address of Current Registered Agent
WOLLSCHLAEGER, BERND ESQ.
 7933 WEST DRIVE
 SUITE 506
 N BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name **Richard Baron Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable) **11077 Biscayne Blvd Ste 207**
 83 **3575 NE 207th St. Ste B6**
 84 City **Aventura** FL 85 Zip Code **33180**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **B. Wollschlaeger, MD** DATE **4/28/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO x President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLLSCHLAEGER, BERND	1.2 NAME	Wollschlaeger Bernd, MD
STREET ADDRESS	11077 BISCAYNE BLVD. SUITE 307	1.3 STREET ADDRESS	3575 NE 207th St. B6
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	Aventura FL 33180
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other names empowered.

SIGNATURE: **B. Wollschlaeger** DATE: **4/28/99** DAYTIME PHONE #: **(305) 937-0700**

CR2E034 (11/98)