

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90075 048 ***158.75

DOCUMENT # P 96 000071062

1. Entity Name

VirtualMed, Inc.

Principal Place of Business

Mailing Address

16899 NE 15th Ave
 Suite B
 North Miami Beach
 FL 33162

16899 NE 15th Ave
 Suite B
 North Miami Beach
 FL 33162

80082962

2. Principal Place of Business

3. Mailing Address

16899 NE 15th Ave

16899 NE 15th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

Suite B

DO NOT WRITE IN THIS SPACE

City & State

City & State

N. Miami Beach, FL

North Miami Beach, FL

4. FEI Number

65-0689611

Applied For

Not Applicable

Zip

Country

Zip

Country

33162

USA

33162

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Wolschlaeger, Bernd M.D.
 16899 NE 15th Ave
 North Miami Beach, FL
 33162

Name: Bernd Wolschlaeger, MD
 Street Address (P.O. Box Number is Not Acceptable): 16899 NE 15th Ave
 Suite B
 City: North Miami Beach FL Zip Code: 33162

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.

SIGNATURE

Bernd Wolschlaeger

04/26/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature must be in ink.)

DATE

9. This corporation is eligible to satisfy its intangible—
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: President & CEO ☐ Delete
 NAME: Bernd Wolschlaeger, MD
 STREET ADDRESS: 16899 NE 15th Ave
 CITY-ST-ZIP: North Miami Beach, FL 33162

TITLE: Bernd Wolschlaeger ☒ Change ☐ Addition
 NAME: President & CEO (PCOE) Address
 STREET ADDRESS: 16899 NE 15th Ave, Suite B
 CITY-ST-ZIP: North Miami Beach, FL 33162

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: Treasurer ☐ Change ☒ Addition
 NAME: Rose Jimenez
 STREET ADDRESS: 16899 NE 15th Ave, Suite B
 CITY-ST-ZIP: North Miami Beach, FL 33162

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
 NAME: ☐ Change ☐ Addition
 STREET ADDRESS: ☐ Change ☐ Addition
 CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Bernd Wolschlaeger, MD

Date

4/27/00

Daytime Phone #

(305) 940-8777

or (305) 342-2522

CR2E034 (9/99)