

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-09-2000 90075 048 ***158.75

80082962

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

2. Principal Place of Business 16899 NE 15th Ave Suite B
 3. Mailing Address 16899 NE 15th Ave Suite B

City & State N. Miami Beach, FL
 City & State North Miami Beach, FL
 Zip 33162 Country USA
 Zip 33162 Country USA

4. FEI Number 65-0689611 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Wolschlaeger, Bernd M.D.
 16899 NE 15th Ave
 North Miami Beach, FL
 33162

7. Name and Address of New Registered Agent
 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, MD 04/26/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature must be in black 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & CEO <input type="checkbox"/> Delete Bernd Wolschlaeger, MD 16899 NE 15th Ave North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bernd Wolschlaeger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President & CEO (PCPEO) Address 16899 NE 15th Ave Suite B North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rose Jimenez 16899 NE 15th Ave Suite B North Miami Beach, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Bernd Wolschlaeger, MD 4/27/00 (305) 940-8777
 Signature and typed or printed name of signing officer or director Date Daytime Phone #
 or (305) 342-2522

CFR2E034 (9/99)