I hereby certify that the information indicated on this report or supplemental report is true and accu	irate and that my electronic signature shall have the same l	egal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exe	ecute this report as required by Chapter 607, Florida Statute	s; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: HOWARD SILVERSTEIN	PRESIDENT	01/31/2022

PRESIDENT

SIGNATURE: HOWARD SILVERSTEIN

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P21000001051

Entity Name: VIRTUAL HEALTHCARE INC.

Current Principal Place of Business:

11396 SW WILLOW LANE PORT SAINT LUCIE. FL 34987-5421

Current Mailing Address:

11396 SW WILLOW LANE PORT SAIT LUCIE. FL 34987-5421 US

FEI Number: 86-1386123

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SILVERSTEIN, HOWARD 11396 SW WILLOW LANE PORT SAINT LUCIE, FL 34987 US

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:

Officer/Director Detail : Title Ρ Title VP Ν

Name	SILVERSTEIN, HOWARD	Name	SILVERSTEIN, ESTEL
Address	11396 SW WILLOW LANE	Address	11396 SW WILLOW LANE
City-State-Zip:	PORT SAINT LUCIE FL 34987-5421	City-State-Zip:	PORT SAINT LUCIE FL 34987-5421

Jan 31, 2022 Secretary of State 0901532301CC

Date

FILED

Certificate of Status Desired: No

Date