FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL					
OMB Number:	3235-0287				
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houre par reenonee	0.5				

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

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Name and Address of Reporting Person Scharf Barry			2. Issuer Name and Ticker or Trading Symbol VisualMED Clinical Solutions Corp. [VMCS]						5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director 10% Owner						
391A LA	st) AURIER W	(First) /EST	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/01/2006			X	X Officer (give title below) Other (specify below) chief operating officer							
(Street)			4. If Amendment, Date Original Filed(Month/Day/Year)					_X_1	6. Individual or Joint/Group FilingCheck Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person						
	EAL, A8 l	H2V 2K3									om med by M	ore than one ro	eporting reison		
(Cit	y)	(State)	(Zip)	Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned											
1.Title of Security (Instr. 3)		2. Transaction Date (Month/Day/Yea	Executar)	2A. Deemed Execution Date, i r) any (Month/Day/Yea			4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		(D) Own Tran	Owned Following Rep Transaction(s)		O	wnership orm:	7. Nature of Indirect Beneficial	
				(Mo	ntn/Day/ Y ear		ode V		A) or (D)	Price	or Indirect (I		Ownership Instr. 4)		
Reminder:	Report on a s	separate line for each	n class of securities b	eneficia	ally owned dir	ectly o	Persoi						n contained		474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative Securi	ies Ac	Person in this a curre	form are in the second of the	not red I OMB	quired to r control nu	respond ur umber.		n contained orm displays		474 (9-02)
1. Title of	·	3. Transaction	Table I	I - Deriv (e.g., 4. Transac Code	vative Securi puts, calls, w 5. Numl Derivati Securiti Acquire or Dispo (D) (Instr. 3	ies Ac arrant per of ve es d (A) ssed of	Person in this a curre quired, Disp is, options, c 6. Date Exe Expiration (Month/Day	form are in ently valid cosed of, or onvertible stressable and Date	not rec l OMB Benefic securiti	quired to r control nu	respond ur umber. ed d Amount ing	8. Price of	9. Number of Derivative Securities Beneficially Owned Following Reported	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur of Indire Beneficie Ownersh (Instr. 4)
1. Title of Derivative Security	2. Conversion or Exercise Price of Derivative	3. Transaction	Table I. 3A. Deemed Execution Date, if any	I - Deriv (e.g., 4. Transac Code	vative Securi puts, calls, w 5. Numl Derivati Securiti 8) Acquire or Dispo (D)	ies Ac arrant per of ve es d (A) ssed of	Person in this a curre quired, Disp is, options, c 6. Date Exe Expiration (Month/Day	form are in ently valid mosed of, or convertible servisable and Date y/Year)	not rec l OMB Benefi securiti	cially Own ies) 7. Title and of Underly Securities	respond ur umber. ed d Amount ing	8. Price of Derivative Security	9. Number of Derivative Securities Beneficially Owned Following	10. Ownersh Form of Derivativ Security: Direct (D or Indirect	11. Natur of Indire Beneficie Ownersh (Instr. 4)

Reporting Owners

D. C. O. N. /	Relationships				
Reporting Owner Name / Address	Director	10% Owner	Officer	Other	
Scharf Barry 391A LAURIER WEST MONTREAL, A8 H2V 2K3			chief operating officer		

Signatures

Barry Scharf	06/20/2006
**Signature of Reporting Person	Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.