FORM 4

(Print or Type Responses)

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

OMB APPR	OVAL
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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

1 Nome or															
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 X Officer (give title below) Other (specify below) chief operating officer					
(Last) (First) (Middle) 391A LAURIER WEST				3. Date of Earliest Transaction (Month/Day/Year) 03/10/2006											
(Street)				4. If A	4. If Amendment, Date Original Filed(Month/Day/Year)						6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
MONTREAL, A8 H2V 2K3 (City) (State) (Zip)			Table I - Non-Derivative Securities Acqu					s Acquire							
1.Title of Security (Instr. 3) 2. Transaction Date (Month/Day/Yea				eemed :		ansaction 4	4. Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		5. Amount of Securities Beneficially Owned Following Reported Transaction(s)		eficially (6. Ownership	7. Nature of Indirect Beneficial		
				(Moi	nth/Da	ay/Year)	Co	ode V A	(A) or (D)	Price (In	or Indirect (Inst. (I)			Ownership Instr. 4)	
							_								
Reminder:	Report on a s	separate line for each	n class of securities b	eneficia	illy ow	vned direc	tly or	Person	s who respond						474 (9-02)
Reminder:	Report on a s	separate line for each		I - Deriv	vative	Securitie	s Acc	Person in this t a curre	orm are not rently valid OME	equired to s control : ficially Ow	respond un number.				474 (9-02)
1. Title of		3. Transaction Date	Table I	I - Deriv (e.g., 4. Transac Code	vative puts, of the state of th	Securitie	s Accorants	Person in this t a curre	orm are not rently valid OME sed of, or Benerativertible securic cisable and ate	equired to control of ficially Ow ties)	o respond un number. vned nd Amount lying	8. Price of	9. Number o Derivative Securities Beneficially Owned Following Reported Transaction(f 10. Ownershi Form of Derivativ Security: Direct (D or Indirect	11. Nature of Indire Benefici 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 puts, of the state of th	e Securitie calls, war 5. Number Derivative Securities Acquired (or Dispose (D) (Instr. 3, 4	s Accorants	Person in this fa curre quired, Dispos, options, co	orm are not rently valid OME sed of, or Benerativertible securic cisable and ate	required to a control of ficially Owties) 7. Title a of Under Securities	o respond un number. vned nd Amount lying	8. Price of Derivative Security	9. Number o Derivative Securities Beneficially Owned Following Reported	f 10. Ownershi Form of Derivativ Security: Direct (D or Indirec	11. Nature of Indire Benefici ownersh (Instr. 4)

Reporting Owners

B 4 0 W 4	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.