## FORM 4

(Print or Type Pecnonces)

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

OMB APPROVAL
OMB Number: 3235-0287
Estimated average burden
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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

Name and Address of Reporting Person * Dab Gerard				2. Issuer Name and Ticker or Trading Symbol VisualMED Clinical Solutions Corp. [vmcs.ob]								5. Relationship of Reporting Person(s) to Issuer (Check all applicable) Director X 10% Owner					
(Last) (First) (Middle) 391A LAURIER WEST				3. Date of Earliest Transaction (Month/Day/Year) 12/06/2005							-		r (give title belo		Other (specify	below)	
(Street) MONTREAL, A8 H2V 2K3				4. If Amendment, Date Original Filed(Month/Day/Year)							6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting PersonForm filed by More than One Reporting Person						
(City	)	(State)	(Zip)		1	Table 1	I - Noi	1-Der	ivative	Securiti	ies Ac	cquir	red, Dispo	osed of, or I	Beneficially	Owned	
(Instr. 3) Date		*****		if Coo	f Code (Instr. 8)		4. Securities Acquire (A) or Disposed of (Instr. 3, 4 and 5)		D) Beneficia Reported		ant of Securities ally Owned Following d Transaction(s)		Ownership Form:	Beneficial			
				(Month/Day/Year)			Code	V	Amou	nt (A)		rice	(Instr. 3 a	mu 4)		Direct (D) or Indirect (I) (Instr. 4)	Ownership (Instr. 4)
Common Stock		12/06/2005				S		100,00	00 D	\$	2	27,711,000			I	See Remarks below	
			Table II -				cquire	cont the f	tained i form dis isposed	n this f splays of, or B	form a cu senefi	are rren cially	not requ tly valid	ction of inf uired to res OMB cont	spond unle	ess	1474 (9-02)
Security			n 3A. Deemed Execution Da any	4. Transaction Code Year) (Instr. 8)		5. Num of Deri Secu Acqui (A) of Disp of (I (Inst	5. 6 Number a		and Expiration Date (Month/Day/Year)		T U S	7. Tit Amor Unde Secur	ele and unt of orlying rities : 3 and	Derivative Security	9. Number of Derivative Securities Beneficially Owned Following Reported Transaction(s (Instr. 4)	Owner Form of Deriva Securit Direct or Indi	Beneficia Ownersh y: (Instr. 4)
				Code	ode V	(A)	(D)	Date	e rcisable	Expirat Date	tion	Γitle	Amount or Number of Shares				

### **Reporting Owners**

D ( O V /	Relationships					
Reporting Owner Name / Address	Director	10% Owner	Officer	Other		
Dab Gerard 391A LAURIER WEST MONTREAL, A8 H2V 2K3		X				

## **Signatures**

Gerard Dab	12/06/2005
**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).

#### Remarks:

Beneficial Owner of 13.3% of Visual Healthcare, which is disposing of the shares.

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.