VisualMED Clinical Solutions Corp.

Form 4

April 10, 2006

FORM 4

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

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF

SECURITIES

OMB Number:

3235-0287

Expires:

January 31, 2005

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

See Instruction 1(b).

(Print or Type Responses)

1. Name and Address of Reporting Person *_ Visual Healthcare CORP			2. Issuer Name and Ticker or Trading Symbol VisualMED Clinical Solutions Corp. [vmcs]	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)
(Last) 790 ROCKLA	(First)	(Middle)	3. Date of Earliest Transaction (Month/Day/Year) 03/28/2006	DirectorX 10% Owner Officer (give title Other (specify below)
MONTREAL,	(Street) 4. If Amendment, Date Original 6. Individua Filed(Month/Day/Year) Applicable L _X_ Form file Form file Person			
(City)	(State)	(Zip)	Table I - Non-Derivative Securities Acq	uired, Disposed of, or Beneficially Owned

							,	,	•
1.Title of Security	2. Transaction Date (Month/Day/Year)	2A. Deemed Execution Date, if	3. Transactio	4. Securitie	•		5. Amount of Securities	6. Ownership	7. Nature of Indirect
(Instr. 3)	, ,	any	Code	(Instr. 3, 4		` '	Beneficially	Form: Direct	Beneficial
		(Month/Day/Year)	(Instr. 8)	,	ĺ		Owned	(D) or	Ownership
		• •					Following	Indirect (I)	(Instr. 4)
					(4)		Reported	(Instr. 4)	
					(A)		Transaction(s)		
			Code V	Amount	or (D)	Price	(Instr. 3 and 4)		
common stock	04/06/2006		J	132,000	D	\$ 3.05	27,713,000	D	
common stock	04/07/2006		J	142,000	D	\$ 3.04	27,571,500	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative	2. Conversion	3. Transaction Date (Month/Day/Year)	Execution Date, if	4. Transactio		6. Date Exercises Expiration D	ate	7. Title a	of	8. Price of Derivative	9. Nu Deriv
Security (Instr. 3)	or Exercise Price of		any (Month/Day/Year)	Code (Instr. 8)	of Derivative	(Month/Day/ e	i cai j	Underlyi Securitie	_	Security (Instr. 5)	Secur Bene
	Derivative				Securities			(Instr. 3	and 4)		Owne
	Security				Acquired (A) or						Follo Repo
					Disposed						Trans
					of (D) (Instr. 3,						(Instr
					4, and 5)						
								A	mount		
						Date	Expiration	or Title N	r Iumber		
					(4)	Exercisable	Date	of	f		
				Code V	(A) (D)			Sl	hares		

Reporting Owners

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
Visual Healthcare CORP 790 ROCKLAND AVE. MONTREAL, QC., A8 H2V 2Z6		X					

Signatures

Gerard Dab 04/10/2006

**Signature of 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.

Reporting Owners 2