2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003878

Entity Name: VIRTUAL RADIOLOGIC CORPORATION OF MINNESOTA

FILED Feb 18, 2008 Secretary of State

Current Principal Place of Business:			New Pri	New Principal Place of Business:		
	S PARKWAY, NKA, MN 5534					
Current Mailing Address:			New Ma	New Mailing Address:		
	S PARKWAY, NKA, MN 5534					
FEI Number: 27-0074530 FEI Number Applied For ()		FEI Number Not A	Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:	Name a	and Address of New Registered Agent:		
1200 SOUT	ORATION SYS TH PINE ISLAN ON, FL 33324	ND ROAD				
The above in the State		submits this statement for the	purpose of changing	ng its registered office or registered agent, or both,		
SIGNATUR	RE:					
Electronic Signature of Registered Agent			jent .	Date		
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CASEY, SEAN	Delete RKWAY, SUITE 200 MN 55343 US	Title: Name: Address: City-St-Zip	CEO (X) Change () Addition CASEY, SEAN 5995 OPUS PARKWAY, SUITE 200 p: MINNETONKA, MN 55343 US		
Title: Name: Address: City-St-Zip:	CASEY, SEAN	Delete RKWAY, SUITE 200 MN 55343 US	Title: Name: Address: City-St-Zip	COO (X) Change () Addition KILL, ROB 5995 OPUS PARKWAY, SUITE 200 p: MINNETONKA, MN 55343 US		
Title: Name: Address: City-St-Zip:	FRISCH, GEOR	RKWAY, SUITE 200	Title: Name: Address: City-St-Zip	SECR (X) Change () Addition FRISCH, GEORGE 5995 OPUS PARKWAY, SUITE 200 p: MINNETONKA, MN 55343 US		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	CFO () Change (X) Addition MARLOW, MARK 5995 OPUS PARKWAY, SUITE 200 p: MINNETONKA, MN 55343 US		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip	CTO () Change (X) Addition JENNINGS, RICK 5995 OPUS PARKWAY, SUITE 200 p: MINNETONKA, MN 55343 US		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK MARLOW CFO 02/18/2008