

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000804

Entity Name: MERGE HEALTHCARE SOLUTIONS INC.

Current Principal Place of Business:

900 WALNUT RIDGE DRIVE
HARTLAND, WI 53029

Current Mailing Address:

900 WALNUT RIDGE DRIVE
HARTLAND, WI 53029 US

FEI Number: 59-2248411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO
Name MCCARTHY, GERRY
Address 100 PHOENIX DRIVE
City-State-Zip: ANN ARBOR, MI 48108

Title DIRECTOR
Name MCCARTHY, GERRY
Address 100 PHOENIX DRIVE
City-State-Zip: ANN ARBOR MI 48108

Title CLO
Name DAUGHTRY, JULIE
Address 100 PHOENIX DRIVE
City-State-Zip: ANN ARBOR MI 48108

Title SECRETARY
Name DAUGHTRY, JULIE
Address 100 PHOENIX DRIVE
City-State-Zip: ANN ARBOR MI 48108

Title COO
Name BONNER, BRIAN
Address 100 PHOENIX DRIVE
City-State-Zip: ANN ARBOR MI 48108

Title CFO
Name BONNER, BRIAN
Address 100 PHOENIX DRIVE
City-State-Zip: ANN ARBOR MI 48108

I hereby 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 all other like empowered.

SIGNATURE: JULIE DAUGHTRY

SECRETARY

03/27/2025

Electronic Signature of Signing Officer/Director Detail

Date