Entity Name: VIRTUAL RADIOLOGIC CORPORATION OF MINNESOTA

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

11995 SINGLETREE LANE SUITE 500 EDEN PRAIRIE, MN 55344

Current Mailing Address:

DOCUMENT# F0600003878

11995 SINGLETREE LANE SUITE 500 EDEN PRAIRIE, MN 55344 US

FEI Number: 27-0074530

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

TitleSECRETARY, CAOTitleTREASURER, CFNameKOLAR, MICHAEL JNameHARMSEN, JEFFAddress11995 SINGLETREE LANE SUITE 500Address11995 SINGLETRE SUITE 500City-State-Zip:EDEN PRAIRIE MN 55344City-State-Zip:EDEN PRAIRIE EDEN PRAIRIETitleDIRECTORTitlePRESIDENT, CERNameGOTTDIENER, CHARLESNameBURKE, JAMES I SUITE 500Address11995 SINGLETREE LANE SUITE 500Address11995 SINGLETRE SUITE 500City-State-Zip:EDEN PRAIRIE MN 55344City-State-Zip:EDEN PRAIRIE MTitleVP, GENERAL COUNSELTitleDIRECTORNameCHECK, RYANNameMERRIMAN, R. M	-
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Address 11995 SINGLETREE LANE Address 11995 SINGLETF SUITE 500 SUITE 500 SUITE 500	REE LANE
City-State-Zip: EDEN PRAIRIE MN 55344 City-State-Zip: EDEN PRAIRIE	MN 55344
Title DIRECTOR Title MEDICAL DIREC	TOR
Name SEBOLD, JORDAN Name MONTECALVO, I	RAYMOND MD
Address11995 SINGLETREE LANEAddress11995 SINGLETFSUITE 500SUITE 500SUITE 500	REE LANE
City-State-Zip: EDEN PRAIRIE MN 55344 City-State-Zip: EDEN PRAIRIE	MN 55344

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SECRETARY

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: MICHAEL J KOLAR

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date

FILED Apr 29, 2014 Secretary of State CC2862850110

Date

Officer/Director Detail Continued :

Title	ASST. MEDICAL DIRECTOR
Name	SHAH, SAMIR MD
Address	11995 SINGLETREE LANE SUITE 500
City-State-Zip:	EDEN PRAIRIE MN 55344