

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000003878

Entity Name: VIRTUAL RADIOLOGIC CORPORATION OF MINNESOTA**Current Principal Place of Business:**11995 SINGLETREE LANE
SUITE 500
EDEN PRAIRIE, MN 55344**Current Mailing Address:**11995 SINGLETREE LANE
SUITE 500
EDEN PRAIRIE, MN 55344 US**FEI Number:** 27-0074530**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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 PRESIDENT, CEO
Name BURKE, JAMES P
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title CHIEF INFORMATION OFFICER
Name WERB, SHANNON
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title CHIEF SOLUTIONS OFFICER
Name TRACHTENBERG, DAVID
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title CFO, TREASURER
Name PITTS, MARK
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title CLO/CAO/SECRETARY/VP/GENERAL
 COUNSEL/ASSISTANT SECRETARY
Name CHECK, RYAN
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title CHIEF MEDICAL OFFICER
Name STRONG, M.D., BENJAMIN
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title GOVERNOR
Name HAWKINS , THOMAS
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

Title CHAIRMAN OF THE BOARD
Name HAWKINS, THOMAS
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

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: RYAN CHECK

CLO/CAO/SECRETARY

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date