

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F95000004418

**Entity Name:** MEDICAL SCANNING CONSULTANTS, P.A.**Current Principal Place of Business:**5775 WAYZATA BOULEVARD  
SUITE 400  
ST. LOUIS PARK, MN 55416**Current Mailing Address:**5775 WAYZATA BOULEVARD  
SUITE 400  
ST. LOUIS PARK, MN 55416 US**FEI Number:** 41-1410766**Certificate of Status Desired:** No**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

Date

**Officer/Director Detail :**

Title VP  
Name BOVE, PETER M.D.  
Address 5775 WAYZATA BOULEVARD  
SUITE 190  
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR  
Name EISSA, OMAR M.D.  
Address 5775 WAYZATA BOULEVARD  
SUITE 190  
City-State-Zip: ST. LOUIS PARK MN 55416

Title CFO  
Name BAKKER, PATRICK  
Address 5775 WAYZATA BOULEVARD  
SUITE 400  
City-State-Zip: ST. LOUIS PARK MN 55416

Title VP  
Name JOHNS, CHRISTOPHER M. M.D.  
Address 5775 WAYZATA BOULEVARD  
SUITE 190  
City-State-Zip: ST. LOUIS PARK MN 55416

Title VP  
Name WU, JAMES M.D.  
Address 5775 WAYZATA BOULEVARD  
SUITE 190  
City-State-Zip: ST. LOUIS PARK MN 55416

Title SPECIAL ASSISTANT SECRETARY  
Name HOLMAN, SUSAN  
Address 5775 WAYZATA BOULEVARD  
SUITE 400  
City-State-Zip: ST. LOUIS PARK MN 55416

Title SPECIAL ASSISTANT SECRETARY  
Name AHREN, RAMONA  
Address 5775 WAYZATA BOULEVARD  
SUITE 400  
City-State-Zip: ST. LOUIS PARK MN 55416

Title ASSISTANT SECRETARY  
Name NORMARK, PER  
Address 5775 WAYZATA BOULEVARD  
SUITE 400  
City-State-Zip: ST. LOUIS PARK MN 55416

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*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:** PER NORMARK

ASSISTANT SECRETARY 04/30/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VP
Name	MCLEAN, KEVIN W. M.D.
Address	5775 WAYZATA BOULEVARD SUITE 400
City-State-Zip:	ST. LOUIS PARK MN 55416