

FOI 000000804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

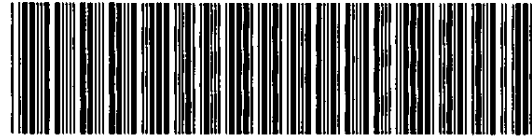
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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AUG 27 2012
C. MUSTAIN



**NRAI
CORPORATE
SERVICES**

Formerly Premier Corporate Services, Inc.

August 7, 2012

VIA REGULAR MAIL

Division Of Corporations
Florida Department Of State
PO Box 6327
Tallahassee, FL 32314

Re: Merge Healthcare Solutions, Inc.

Dear Sir or Madam:

Enclosed are the forms, in duplicate, necessary to change the registered agent and registered office for the above captioned entity, together with a check for the required filing fees.

Please file with your office and return the duplicate copy file stamped as evidence to my attention at the letterhead address.

If you have any questions, please do not hesitate to contact me at llightholder@nrai.com or at the number listed below.

Thank you.

Best Regards,



Laura L. Lightholder

enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Merge Healthcare Solutions Inc.
2. The principal office address: 900 Walnut Ridge Drive, hartland, WI 53029
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/9/2001 Document number: F0100000804

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Services Company
1201 Hays Street
Tallahassee, FL 32301-2525

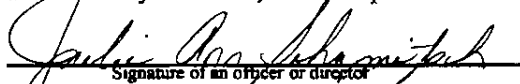
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12 AUG 24 AM 10:35
TALLAHASSEE, FL 32301
STATE OF FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
515 East Park Avenue
P.O. Box NOT acceptable
Tallahassee, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Julie Ann Schumitsch, Assistant Secretary
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.
by: 
Signature of Registered Agent

AUGUST 6, 2012
Date

Laura Lightholder, Assistant Secretary
If signing on behalf of an entity:

NRAI Services, Inc.
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314