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(Re	equestor's Name)	··· ··
(Ac	idress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
, Jan.	Office Use Or	nlv



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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Michael Rosenberg mrosenbe@cscinfo.com

Date: September 9, 2014

Order#: 285607-011

Re: MERGE HEALTHCARE SOLUTIONS INC.

Enclosed please find:

XX __ Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Michael Rosenberg

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or registe	ized under the la	rws of the State of Delaware			
1. The name of t	he corporation: MERGE HEALTHCARE	SOLUTIONS IN	IC.			
2. The principal Hartland, WI	office address: 900 Walnut Ridge Drive					
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 02/09/2001 Document number: F01000			number: F01000000804			
	street address of the current registered a tment of State: (If resigned, enter resigned	-	ed office on file with the			
	NRAI Services, Inc.					
	1200 South Pine Island Road			145		
	Plantation	FL	33324	92		
6. The name and (if changed):	street address of the new registered ager	nt (if changed) ar	nd /or registered office	14 SEP 11 PH 1: 8		
	Corporation Service Company	······		38 OF		
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301			
The street addre	ess of its registered office and the street be identical.	address of the bu	usiness office of its register	ed agent,		
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	by its board of tified in writing	directors or by an officer so of the change.)		
	Dona Priebe, Vice President Printed or typed name and title			<u>_</u>		
I further agree i performance of agent. Or, if the hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in Service Company	d agree to act in utes relative to th ccept the obliga ect a change in t n writing of this	this capacity. he proper and complete tion of my position as regis he registered office addres. change.	tered s, I		
By: Signature of Registered Agent Date						
· ·	nature of Registered Agent half of an entity:		Date			
Sylvia Queppet	, Assistant Vice President					
	yped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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