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2/27/2017  
2017-02-27 10:42:56 CST  
Division of Corporations  
12127023573 From: Kimberly Laughrey

# FO1000000804

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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TALLAHASSEE, FLORIDA

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17 FEB 27 PM 12:52  
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Division of  
Corporations

**REGISTERED AGENT CHANGE  
MERGE HEALTHCARE SOLUTIONS INC.**

Certificate of Status	0
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**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 Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

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 TALLAHASSEE, FLORIDA

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
P.O. Box NOT acceptable  
Plantation, Florida 33324

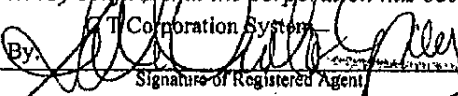
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sharon Dobbs, Asst. Corp. 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.*

By:  Date: 2/27/2017  
 Signature of Registered Agent

If signing on behalf of an entity CALYSSA ANANTA-CRAY  
SPECIAL ASSISTANT SECRETARY

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