

Division of Corporations

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P02271

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H13000100719 3)))



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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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13 MAY -3 AM 8:19

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE  
INSIGHT HEALTH CORP.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$35.00 |

PA Change

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5/3/13

Dr

**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: Insight Health Corp.
- 2. The principal office address: 5775 Wayzata Boulevard, Suite 400, St. Louis Park, MN 55416
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 6/4/1984 Document number: P02271
- 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)

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

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

NRAI Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324  
P.O. Box NOT acceptable

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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

Sabrina Tillapaugh, Vice President  
 \_\_\_\_\_  
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:   
 \_\_\_\_\_  
Signature of Registered Agent

4/29/2013  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:

Sabrina Tillapaugh, Asst. Sec.  
 \_\_\_\_\_  
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  
 CR2E045 (03/12)