PD2271

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
•					

Office Use Only



100272175601

04/29/15--01017--002 **35.00

SECRETARY OF STATE OIVISION OF CORPORATION

RARDICHS 00,5.6.15



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

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: April 27, 2015

Order#: 595260-062

Re: INSIGHT HEALTH CORP.

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: Janis M. Smith 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, 61 nge is submitted for a corporation o r to change its registered office or r	organized under the la	rws of the State of DE	
1. The name of t	he corporation: INSIGHT HEALTH	CORP.		
2. The principal	office address: 5775 Wayzata Bou	levard, Suite 400, St.	Louis Park, MN 55416	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/04/1984	Document	number: P02271	
	street address of the current register tment of State: (If resigned, enter re		red office on file with the	
	NRAI SERVICES, INC.			
1200 S. PINE ISLAND ROAD				DIVIO 281
	PLANTATION	FL	33324	S AP
6. The name and (if changed):	street address of the new registered	d agent (if changed) ar	nd /or registered office	SECRE TARY OF SOLVISION OF CORPOR
	Corporation Service Company			1: 35
	1201 Hays Street			35 6
	P.O. Bo	x NOT acceptable	32301	
				
The street addre	ess of its registered office and the s be identical.	treet address of the bi	usiness office of its regist	ered agent,
Such change wa authorized by th	s authorized by resolution duly adde board, or the corporation has been	opted by its board of en notified in writing	directors or by an officer of the change.	so
To		Dona Priebe, \	/ice President	
Sgnatu	re en officer or director	Prini	led or typed name and title	
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a socument is being filed merely to that the corporation has been noting Service Company	nt and agree to act in I statutes relative to to and accept the obliga o reflect a change in t fied in writing of this	this capacity. he proper and complete tion of my position as reg he registered office addr change.	ristered ess, I
By: X	nature of Registered Agent	04/22/2015 ————	Date	
	half of an entity:		12410	
	Asst. 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 * * *