

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000000804

**Entity Name:** MERGE HEALTHCARE SOLUTIONS INC.

**Current Principal Place of Business:**

900 WALNUT RIDGE DRIVE  
HARTLAND, WI 53029

**Current Mailing Address:**

900 WALNUT RIDGE DRIVE  
HARTLAND, WI 53029

**FEI Number:** 59-2248411

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LE GRAND, ANNE  
Address        75 BINNEY STREET  
City-State-Zip: CAMBRIDGE MA 02142

Title            SECRETARY  
Name            FLINT, LAWRENCE B.  
Address        ONE ROGERS STREET  
City-State-Zip: CAMBRIDGE MA 02142

Title            TREASURER  
Name            BEAUMONT, SIMON J.  
Address        ONE NEW ORCHARD ROAD  
City-State-Zip: ARMONK NY 10504

Title            ASSISTANT SECRETARY  
Name            DOBBS, SHARON M.  
Address        11501 BURNET ROAD  
City-State-Zip: AUSTIN TX 78758

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHARON M. DOBBS

**ASSISTANT SECRETARY    04/25/2018**

Electronic Signature of Signing Officer/Director Detail

Date