

**2014 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:**

NRAI SERVICES, INC.  
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 P  
Name DEARBORN, JUSTIN C  
Address 350 NORTH ORLEANS STREET  
FIRST FLOOR  
City-State-Zip: CHICAGO IL 60654

Title T  
Name ORESKOVICH, STEVEN M  
Address 900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title S  
Name DEARBORN, JUSTIN C  
Address 350 NORTH ORLEANS STREET  
FIRST FLOOR  
City-State-Zip: CHICAGO IL 60654

Title AS  
Name SCHUMITSCH, JULIE ANN B  
Address 900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

*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:** JULIE ANN B. SCHUMITSCH

**ASSISTANT SECRETARY** 04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date