

**2024 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 US

**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            CEO  
Name            MCCARTHY, GERRY  
Address        900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title            SECRETARY  
Name            DAUGHTRY, JULIE  
Address        900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title            DIRECTOR  
Name            MCCARTHY, GERRY  
Address        900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title            COO  
Name            BONNER, BRIAN  
Address        900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title            CLO  
Name            DAUGHTRY, JULIE  
Address        900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title            CFO  
Name            BONNER, BRIAN  
Address        900 WALNUT RIDGE DRIVE  
City-State-Zip: HARTLAND WI 53029

Title            CHIEF LEGAL OFFICER AND  
SECRETARY  
Name            DAUGHTRY, JULIE  
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 DAUGHTRY

**CHIEF LEGAL OFFICER  
AND SECRETARY**

**04/14/2024**

Electronic Signature of Signing Officer/Director Detail

Date