

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02271

Entity Name: INSIGHT HEALTH CORP.

Current Principal Place of Business:

5775 WAYZATA BLVD., SUITE 400
ST. LOUIS PARK, MN 55416

Current Mailing Address:

5775 WAYZATA BLVD., SUITE 400
ST. LOUIS PARK, MN 55416 US

FEI Number: 52-1278857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TZOUMAKAS, KIMBERLY
Address 5775 WAYZATA BLVD., SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title CFO
Name RASCHKE, RYAN
Address 5775 WAYZATA BOULEVARD
 SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title VICE PRESIDENT OF ACCOUNTING
Name HOFFARTH, TODD
Address 5775 WAYZATA BLVD., SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title ASSISTANT SECRETARY
Name NORMARK, PER
Address 5775 WAYZATA BLVD., SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name RASCHKE, RYAN
Address 5775 WAYZATA BLVD., SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

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: PER NORMARK

ASSISTANT SECRETARY 04/16/2021

Electronic Signature of Signing Officer/Director Detail

Date