

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02271

FILED
Apr 17, 2014
Secretary of State
CC3429014543

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:

NRAI SERVICES, INC.
1200 S. 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 BAUMGARTNER, ROBERT V.
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title COO
Name LONG, RICHARD N.
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

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

Title S
Name MINETTE, HENRI
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title CHIEF ACCOUNTING OFFICER
Name BAKKER, PATRICK
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title CHIEF DEVELOPMENT OFFICER
Name MCKEE, SCOTT
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

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

Title SENIOR VICE PRESIDENT
Name VARCAROLIS, JAMES
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

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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: HENRI MINETTE

SECRETARY

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BAUMGARTNER, ROBERT V.
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name BALDANZA, BEN
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name DAWES, ALAN
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name DECKHOFF, STEPHEN H.
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name SCHELLHAS, KURT P. M.D.
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name PARKER, CHRISTOPHER W.
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name DAVIS, EUGENE
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416

Title DIRECTOR
Name RAYGORODETSKY, PHILLIP
Address 5775 WAYZATA BOULEVARD
SUITE 400
City-State-Zip: ST. LOUIS PARK MN 55416