

**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

**Continues on page 2**

*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