## **2022 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

Name

Officer/Director Detail:

Title CEO Title CFO

Name TZOUMAKAS, KIMBERLY Name RASCHKE, RYAN

Address 5775 WAYZATA BLVD., SUITE 400 Address 5775 WAYZATA BOULEVARD

SUITE 400

GARRIGUES, AMY

FILED Apr 12, 2022

**Secretary of State** 

8736685669CC

City-State-Zip: ST. LOUIS PARK MN 55416

City-State-Zip: ST. LOUIS PARK MN 55416

Title ASSISTANT SECRETARY

Name NORMARK, PER

Address 5775 WAYZATA BLVD., SUITE 400 Address 5775 WAYZATA BLVD., SUITE 400

City-State-Zip: ST. LOUIS PARK MN 55416 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