Filing and License Fee: \$310.00 minimum

ID Number: 156408



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED

MAY 2,5 2006

99911

BUSINESS CORPORATION

APPLICATION FOR CERTIFICATE OF AUTHORITY

Pursuant to the provisions of Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1.	. The name of the corporation is Virtual Radiologic Corporation									
2.	It is incorporated under the laws of Delaware									
3.	The name, if different, which it elects to use in Rhode Island is:									
	(a)	*incorpora	ted," or "limited	poration in its j d," or an abbrev for use in Rhode	riation thereof, t	incorpora then list	tion does r the name o	not contain the word "co f the corporation with the	poration," addition of	*company,* one of the
	(b)		d transact bus					ne fictitious name under wh Business Name Statemen		
4.	The d	date of its in	ncorporation is	5/2/05	-	and	the period	of its duration is _perpetua	l	
5.	The address of its principal office in the state or country under the laws of which it is incorporated is									
	_5	1995	opus	Parker	ay Su	<u>iti</u>	300	Minnetonka	<u>, MN</u>	5534
6. The address of its proposed registered office in Rhode Island is 10 Wcybosset Street (Street Address, not P.O. Box)						eet				
						10.5				
	Prov	vidence		, '	RI <u>02903</u>	_	the name o	fits proposed registered ag	ent in Rhoc	de Island at
		(6	City/Town)		(Zip Code)				-<	<u> </u>
that address is C T Corporation System				stem	:৩	· · · · · · · · · · · · · · · · · · ·				
					(Na	ame of Ag	ent)			1
7. The purpose or purposes which it proposes to pursue in the transaction				nsaction	of business	in Rhode Island are:	===			
							<u></u>			
Provide remote diagnostic image interpretation services to hospitals, diagnostic imaging centers and clinics.										
			<u>-</u> .							
8.	(a) T	he names a	and respective	addresses of its	directors (option	nal unles	s directors a	are required under the laws	of the state	or country
		_	incorporated).							•
Name Address										
	Di	rector	See attac					<u> </u>		
Director						-				
	Director 95 to the control of the co									
						43.27	1.77	30		

Form No. 150 Revised: 12/05 AC L'OLYCO 400 GENEGE

	state or country President		,	Name		Address				
			See attached	<u> </u>		<u> </u>				
		ce President								
	Tr	easurer		·						
	Se	ecretary								
9.		aggregate num series, if any, v			issue, itemized by classes, p	ar value of shares, shares without par value,				
	21	Number of 5	Shares	<u>Class</u> Common	<u>Series</u>	Par Value or Statement that Shares are without Par Value \$0.001				
	$\overline{}$	530,000		Preferred	A	\$0.001				
					-					
10.	(a)	An estimate o \$ 3,062,071	of the value of	all property to be ov	wned by the corporation for	the following year, wherever located, is				
	(b)	An estimate of \$ 67,287	of the value of	the corporation's prop	erty to be located within F	Rhode Island during the following year is				
	(c)	located within t	his state during	the following year bear	s to the value of all property	alue of the property of the corporation to be of the corporation to be owned during the ultiply by 100 to obtain the percentage].				
11.	(a)	An estimate o \$ _27,001,148	of the gross ar	nount of business to	be transacted by the cor	poration during the following year is				
	(b)		of the gross ar the following year		e transacted by the corporati	on at or from places of business in Rhode				
	(c)	corporation at o	or from places of by the corporati	of business in this state	during the following year be	nount of business to be transacted by the ars to the gross amount thereof which will ride (b) by (a) and multiply by 100 to obtain				
12.		s application is a hich it is incorp		a certificate of Good S	tanding issued by the proper	officer of the state or country under the laws				
13.	This thar	Application for the 90 th day af	Certificate of A ter the date of t	uthority shall be effection in the state of	ve upon filing unless a specif	ied date is provided which shall be no later				
		T 110	101		examined this Application	ry, I declare and affirm that I have in for Certificate of Authority, including achments, and that all statements and correct.				
Dat	e: _	5/11	<u> 106</u>		1-0					
					Signature of Aut	horized Officer of the Corporation				
					Sean O. Casey, M.D., Pres	sident				
					Type or Print	Name of Authorized Officer				

Virutal Radiologic Corporation Officers & Directors

Officers	Title	Business Address			
		5995 Opus Parkway, Suite 200			
Sean Casey	President & CEO	Minnetonka, MN 55343			
		5995 Opus Parkway, Suite 200			
Brent Backhaus	Chief Technology Officer	Minnetonka, MN 55343			
		5995 Opus Parkway, Suite 200			
Mark Marlow	Chief Financial Officer	Minnetonka, MN 55343			
		5995 Opus Parkway, Suite 200			
Lorna Lusic	Chief Operating Officer	Minnetonka, MN 55343			
		5995 Opus Parkway, Suite 200			
George Frisch	Secretary	Minnetonka, MN 55343			
Directors					
		5995 Opus Parkway, Suite 200			
Sean Casey		Minnetonka, MN 55343			
		5995 Opus Parkway, Suite 200			
Eduard Michel		Minnetonka, MN 55343			
		5995 Opus Parkway, Suite 200			
Domingo Gallardo		Minnetonka, MN 55343			
Ū		5995 Opus Parkway, Suite 200			
Mark Jennings		Minnetonka, MN 55343			
U		5995 Opus Parkway, Suite 200			
Andrew Hertzmark		Minnetonka, MN 55343			
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