

F23000001305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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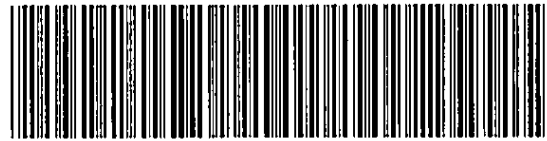
(Business Entity Name)

(Document Number)

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APPROVED
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2023 MAR - 6 AM 10:49

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2023 MAR - 6 PM 11:49

ALLAHABAD, INDIA

MAR 06 2023

K. Brumby



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 03/06/2023

Name: Merritt Walker

Reference #: 1904344

Entity Name: ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES, INC.

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$78.75

Signature: *mw*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albany College of Pharmacy and Health Sciences, Inc.

Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Delaney M. R. Knapp, Esq.

Name of Person

Bond, Schoeneck & King, PLLC

Firm/Company

22 Corporate Woods Blvd, Suite 501

Address

Albany, NY 12211

City/State and Zip Code

dknapp@bsk.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Delaney M. R. Knapp

Name of Person

518

at ()
Area Code

533-3258

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☒ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Albany College of Pharmacy and Health Sciences
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
Albany College of Pharmacy and Health Sciences, Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New York 3. 14-1423161
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 30, 1881 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)
6. No affairs conducted prior to registration
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 106 New Scotland Ave, Albany, New York 12208
(Principal office street address)

(Current mailing address, if different)
8. Not-for-profit education corporation employment of remote employee in Florida
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: COGENCY GLOBAL INC.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip Code)
10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Meritt Walker, Asst. Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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NOTARY PUBLIC

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Michele Vien
☐ Vice Chairman Address: 106 New Scotland Ave.
☐ Director Albany, NY 12206
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: Marion T. Morton
☐ Vice Chairman Address: 106 New Scotland Ave.
☐ Director Albany, NY 12206
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

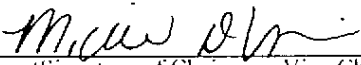
☐ Chairman Name: Walter S. Borisenock
☒ Vice Chairman Address: 106 New Scotland Ave.
☐ Director Albany, NY 12206
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: William G. Shields
☐ Vice Chairman Address: 106 New Scotland Ave.
☐ Director Albany, NY 12206
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Richard H. Daffner
☐ Vice Chairman Address: 106 New Scotland Ave.
☐ Director Albany, NY 12206
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michele Vien, Vice President of Finance and Chief Financial Officer
(Typed or printed name and capacity of person signing application)

ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES, INC.
Board of Trustees 2022-2023
Supplemental Attachment

TRUSTEES	
Helen Ashuntantang, Pharm.D., M.S., M.P.H.	Leigh Briscoe-Dwyer, PharmD, RPh, BCPS, FASHP
Paul DerOhannesian	Christopher J. DiLascia, Pharm.D
Michael Duteau, B.S., R.Ph.	Edward Enos, M.S., R.Ph.
Donna French, Ph.D.	Hugh A. Johnson, B.A., M.A., LHD
Susan Learned, M.D., Pharm.D., Ph.D.	Ruth Mahoney
James Notaro, R.Ph., Ph.D.	Wallace Pickworth, Ph.D.
RADM (ret.) Pamela Schweitzer, Pharm.D., BCACP	Gregory Sciarra, B.S., M.B.A.
David M. Stack	Marc Watrous, R.Ph., Ph.D.
Pamela Williamson	

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES
DOS ID Number: 15641
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 08/30/1881

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 08/30/1881
Entity Name: ALBANY COLLEGE OF PHARMACY

Document Type: DISSOLUTION BY PROCLAMATION
Date of Filing: 10/15/1952

Document Type: CERTIFICATE OF ANNULMENT OF DISSOLUTION AND REINSTATEMENT OF CORPORATE EXISTENCE
Date of Filing: 01/03/1961

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 08/21/2008
Name Changed To: ALBANY COLLEGE OF PHARMACY AND HEALTH SCIENCES

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on February 02, 2023 at
12:30 P.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State