## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0700000512

Entity Name: CARESTREAM HEALTH, INC.

#### Current Principal Place of Business:

150 VERONA ST ROCHESTER, NY 14608

#### **Current Mailing Address:**

150 VERONA ST ROCHESTER, NY 14608

## FEI Number: 20-8190334

# Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DRIVE SUITE A TALLAHASSEE, FL 32301 US FILED Mar 23, 2017 Secretary of State CC5652807376

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Officer/Dire			
Title	PRES, DIRECTOR	Title	SEC
Name	HOBERT, KEVIN J	Name	RUH, JOSEPH F
Address	150 VERONA ST	Address	150 VERONA ST
City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
Title	VP	Title	DIR
Name	CANIPE, A BARRY	Name	LEBLANC, ROBERT M
Address	150 VERONA STREET	Address	150 VERONA STREET
City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
Title	TREA	Title	DIRECTOR
Title Name	TREA SVOBODA, ANN M	Title Name	DIRECTOR HAFT, ROBERT
Name	SVOBODA, ANN M 150 VERONA STREET	Name	HAFT, ROBERT
Name Address	SVOBODA, ANN M 150 VERONA STREET	Name Address	HAFT, ROBERT 150 VERONA ST
Name Address City-State-Zip:	SVOBODA, ANN M 150 VERONA STREET ROCHESTER NY 14608	Name Address City-State-Zip:	HAFT, ROBERT 150 VERONA ST ROCHESTER NY 14608
Name Address City-State-Zip: Title	SVOBODA, ANN M 150 VERONA STREET ROCHESTER NY 14608 DIRECTOR	Name Address City-State-Zip: Title	HAFT, ROBERT 150 VERONA ST ROCHESTER NY 14608 DIRECTOR
Name Address City-State-Zip: Title Name	SVOBODA, ANN M 150 VERONA STREET ROCHESTER NY 14608 DIRECTOR KELLY, JAMES 150 VERONA ST	Name Address City-State-Zip: Title Name	HAFT, ROBERT 150 VERONA ST ROCHESTER NY 14608 DIRECTOR SIEGEL, ELIOT 150 VERONA ST

### 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: JOSEPH F RUH

SECRETARY

03/23/2017

Date

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	DIRECTOR
Name	DOOLEY, JOSEPH	Name	SMITH, MICHAEL
Address	150 VERONA ST	Address	150 VERONA ST
City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR BAUMGARTNER, ROBERT	Title Name	DIRECTOR SANGER, WILLIAM