2022 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 May 01, 2022 Secretary of State 3583087901CC

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/Director Detail :				
	Title	PRESIDENT	Title	SEC
	Name	WESTGATE, DAVID C	Name	LEWIS, JULIE M
	Address	150 VERONA ST	Address	150 VERONA ST
	City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
	Title	VP	Title	DIRECTOR
	Name	ROSA, SCOTT H	Name	SIEGEL, ELIOT
	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 DOOLEY, JOSEPH	Title Name	DIRECTOR SMITH, MICHAEL
	Name	DOOLEY, JOSEPH	Name	SMITH, MICHAEL
	Name Address	DOOLEY, JOSEPH 150 VERONA ST	Name Address	SMITH, MICHAEL 150 VERONA ST
	Name Address City-State-Zip:	DOOLEY, JOSEPH 150 VERONA ST ROCHESTER NY 14608	Name Address City-State-Zip:	SMITH, MICHAEL 150 VERONA ST ROCHESTER NY 14608
	Name Address City-State-Zip: Title	DOOLEY, JOSEPH 150 VERONA ST ROCHESTER NY 14608 DIRECTOR	Name Address City-State-Zip: Title	SMITH, MICHAEL 150 VERONA ST ROCHESTER NY 14608 DIRECTOR
	Name Address City-State-Zip: Title Name	DOOLEY, JOSEPH 150 VERONA ST ROCHESTER NY 14608 DIRECTOR BAUMGARTNER, ROBERT	Name Address City-State-Zip: Title Name	SMITH, MICHAEL 150 VERONA ST ROCHESTER NY 14608 DIRECTOR SANGER, WILLIAM

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: JULIE M LEWIS

SECRETARY

05/01/2022

Date

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR	Title	TREASURER
Name	WESTGATE, DAVID C	Name	ROSA, SCOTT H
Address	150 VERONA ST	Address	150 VERONA STREET
City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
Title	DIRECTOR	Title	ASST. SECRETARY
Name	CLEGG, TODD M	Name	HOY, ALISA B
Address	150 VERONA STREET	Address	150 VERONA ST
City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
Title	CEO	Title	CFO
Name	WESTGATE, DAVID C	Name	ROSA, SCOTT H
Address	150 VERONA ST	Address	150 VERONA ST
City-State-Zip:	ROCHESTER NY 14608	City-State-Zip:	ROCHESTER NY 14608
Title	DIRECTOR		

Address 150 VERONA ST City-State-Zip: ROCHESTER NY 14608

Name

BARTELS, PATRICK J JR.