

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000512

**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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WESTGATE, DAVID C  
Address        150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title            SEC  
Name            LEWIS, JULIE M  
Address        150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title            VP  
Name            ROSA, SCOTT H  
Address        150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title            DIR  
Name            LEBLANC, ROBERT M  
Address        150 VERONA STREET  
City-State-Zip: ROCHESTER NY 14608

Title            TREA  
Name            SVOBODA, ANN M  
Address        150 VERONA STREET  
City-State-Zip: ROCHESTER NY 14608

Title            DIRECTOR  
Name            HAFT, ROBERT  
Address        150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title            DIRECTOR  
Name            KELLY, JAMES  
Address        150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title            DIRECTOR  
Name            SIEGEL, ELIOT  
Address        150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

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*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**

**04/18/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DOOLEY, JOSEPH  
Address 150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title DIRECTOR  
Name BAUMGARTNER, ROBERT  
Address 150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title DIRECTOR  
Name WESTGATE, DAVID C  
Address 150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title DIRECTOR  
Name SMITH, MICHAEL  
Address 150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608

Title DIRECTOR  
Name SANGER, WILLIAM  
Address 150 VERONA ST  
City-State-Zip: ROCHESTER NY 14608