

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F14000004228

**Entity Name:** SG HEALTHCARE CORP.**Current Principal Place of Business:**135 DURYEA ROAD  
MELVILLE, NY 11747**Current Mailing Address:**135 DURYEA ROAD  
MELVILLE, NY 11747**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            | BRESLAWSKI, JAMES P |
| Address         | 135 DURYEA ROAD     |
| City-State-Zip: | MELVILLE NY 11747   |

|                 |                   |
|-----------------|-------------------|
| Title           | DIRECTOR, VP      |
| Name            | MLOTEK, MARK E    |
| Address         | 135 DURYEA ROAD   |
| City-State-Zip: | MELVILLE NY 11747 |

|                 |   |
|-----------------|---|
| Title           | CFO, DIRECTOR, VP                               |
| Name            | PALADINO, STEVEN                                |
| Address         | 135 DURYEA ROAD<br>C/O HENRY SCHEIN, INC. E-365 |
| City-State-Zip: | MELVILLE NY 11747                               |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR, SECRETARY, VP |
| Name            | ETTINGER, MICHAEL S     |
| Address         | 135 DURYEA ROAD         |
| City-State-Zip: | MELVILLE NY 11747       |

*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:** ETTINGER , MICHAEL S**AUTHORIZE SIGNER****04/05/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date