

2016 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:** 27-3531273**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	P
Name	BRESLAWSKI, JAMES P
Address	135 DURYEA ROAD
City-State-Zip:	MELVILLE NY 11747

Title	CFO
Name	PALADINO, STEVEN EVP
Address	135 DURYEA ROAD
City-State-Zip:	MELVILLE NY 11747

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

Title	EVP
Name	SHOFF, LONNIE
Address	135 DURYEA ROAD
City-State-Zip:	MELVILLE NY 11747

Title	VSD
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: MICHAEL ETTINGER**SECRETARY****04/12/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date