

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000003623

Entity Name: HUDSON VALLEY RADIOLOGISTS, INC**Current Principal Place of Business:**2678 SOUTH ROAD, STE 202
POUGHKEEPSIE, NY 12601**Current Mailing Address:**2678 SOUTH ROAD, STE 202
POUGHKEEPSIE, NY 12601 US**FEI Number:** 14-1540066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC.
7901 4TH STREET N,
SUITE 300
ST.PETERSBURG, FL 33702 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	FRIEDLAND, RICH
Address	2678 SOUTH ROAD, STE 202
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	CFO
Name	FISCHER, JONATHAN
Address	2678 SOUTH ROAD
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	SECRETARY
Name	HERMAN, MIRA
Address	2678 SOUTH ROAD, STE 202
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	CEO
Name	REIFF, HAL
Address	2678 SOUTH ROAD, STE 202
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	COO
Name	WADSWORTH, LAURIE
Address	2678 SOUTH ROAD, STE 202
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	OTHER
Name	WADSWORTH, WAYNE
Address	2678 SOUTH ROAD, STE 202
City-State-Zip:	POUGHKEEPSIE NY 12601

Title	OTHER
Name	WADSWORTH, JUSTIN
Address	2678 SOUTH ROAD, STE 202
City-State-Zip:	POUGHKEEPSIE NY 12601

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: JONATHAN FISCHER

CFO

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date