## 2020 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

### Name and Address of Current Registered Agent:

NORTHWEST REGISTERED AGENT LLC. 7901 4TH STREET N, SUITE 300 ST.PETERSBURG, FL 33702 US Mar 19, 2020 Secretary of State 0486303887CC

FILED

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 :

	Title	Р	Title	VP
	Name	FRIEDLAND, RICH	Name	YEN, BENJAMIN
	Address	2678 SOUTH ROAD, STE 202	Address	2678 SOUTH ROAD, STE 202
	City-State-Zip:	POUGHKEEPSIE NY 12601	City-State-Zip:	POUGHKEEPSIE NY 12601
	Title	т	Title	VPD
	Name	LIEN, DONALD	Name	GAINES, VICTOR MD
	Address	2678 SOUTH ROAD, STE 202	Address	14 MARION WAY
	City-State-Zip:	POUGHKEEPSIE NY 12601	City-State-Zip:	LAGRANGEVILLE NY 12540
	Title	PDC	Title	VPD
	Name	FRIEDLAND, RICHARD MD	Name	YEN, BRYAN MD
	Address	57 KINGWOOD PARK	Address	5 DUHAMEL DRIVE
	City-State-Zip:	POUGHKEEPSIE NY 12601	City-State-Zip:	HOPEWELL JCT NY 12533

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: DONALD LIEN

TREASURER

03/19/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date