

**2021 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 VP  
Name YEN, BENJAMIN  
Address 2678 SOUTH ROAD, STE 202  
City-State-Zip: POUGHKEEPSIE NY 12601

Title T  
Name LIEN, DONALD  
Address 2678 SOUTH ROAD, STE 202  
City-State-Zip: POUGHKEEPSIE NY 12601

Title PDC  
Name FRIEDLAND, RICHARD MD  
Address 57 KINGWOOD PARK  
City-State-Zip: POUGHKEEPSIE NY 12601

Title VPD  
Name YEN, BRYAN MD  
Address 5 DUHAMEL DRIVE  
City-State-Zip: HOPEWELL JCT NY 12533

Title CFO  
Name FISCHER, JONATHAN  
Address 2678 SOUTH ROAD  
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

05/16/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date