## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000004079

Entity Name: PATIENT PATTERN, INC.

**Current Principal Place of Business:** 

701 ELLICOTT STREET BUFFALO, NY 14230

**Current Mailing Address:** 

701 ELLICOTT STREET BUFFALO, NY 14230 US

FEI Number: 46-2782229 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 15, 2024

**Secretary of State** 

4663663888CC

## Officer/Director Detail:

TitlePRESIDENTTitleTREASURER/CFONameWESSINGER, DAVENameYERSH, JAMES

Address 701 ELLICOTT STREET Address 701 ELLICOTT STREET

City-State-Zip: BUFFALO NY 14230 City-State-Zip: BUFFALO NY 14230

Title SOLE DIRECTOR Title **SECRETARY** Name WESSIGNER, MIKE SEMOTIUK, ORYSIA Name 701 ELLICOTT STREET 701 ELLICOTT STREET Address Address **BUFFALO NY 14230** City-State-Zip: City-State-Zip: **BUFFALO NY 14230** 

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: ORYSIA SEMOTIUK

**SECRETARY** 

04/15/2024