

2023 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:

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 DCEO
Name BUSLOVICH, STEVEN
Address 701 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14230

Title DCTO
Name KELLGREN, BRETT
Address 701 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14230

Title D
Name MARKOWITZ, BRAD
Address 701 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14230

Title DP
Name FEINBERG, MARK
Address 701 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14230

Title DVP
Name BAIRD, GRANT
Address 701 ELLICOTT STREET
City-State-Zip: BUFFALO NY 14230

Title COO
Name FEINBERG, MARK
Address 701 ELLICOTT STREET
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: GRANT BAIRD

VICE PRESIDENT

04/20/2023

Electronic Signature of Signing Officer/Director Detail

Date