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Division of Corporations  
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Division of Corporations  
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FOREIGN PROFIT/NONPROFIT CORPORATION  
REGENERON HEALTHCARE SOLUTIONS, INC.

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Regeneron Healthcare Solutions, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 47-2092474  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 16, 2014 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1/1/2015  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 777 Old Saw Mill River Road, Tarrytown, New York 10591  
(Principal office address)

777 Old Saw Mill River Road, Tarrytown, New York 10591  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

**9. Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

By: Joseph Tamimi Joseph Tamimi - Assistant Secretary  
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: See Attached

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: See Attached

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Joseph J. LaRosa, Secretary

(Typed or printed name and capacity of person signing application)

### List of Officers

Officer Title	Officer Name	Officer Address
General Manager	Robert J. Terifay	777 Old Saw Mill River Road, Tarrytown, NY 10591
Director of Finance	Aaron A. Ondrey	777 Old Saw Mill River Road, Tarrytown, NY 10591
Vice President	David W. Robinson	777 Old Saw Mill River Road, Tarrytown, NY 10591
Treasurer	Dominick Agron	777 Old Saw Mill River Road, Tarrytown, NY 10591
Secretary	Joseph J. LaRosa	777 Old Saw Mill River Road, Tarrytown, NY 10591

### List of Directors

	Director Name	Officer Address
Director	Robert J. Terifay	777 Old Saw Mill River Road, Tarrytown, NY 10591
Director	Dominick Agron	777 Old Saw Mill River Road, Tarrytown, NY 10591

**State of New York  
Department of State } ss:**

I hereby certify, that the Certificate of Incorporation of REGENERON HEALTHCARE SOLUTIONS, INC. was filed on 10/16/2014, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



\*\*\*

*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 28th day of January  
two thousand and fifteen.*

*Anthony Giardina*

Anthony Giardina  
Executive Deputy Secretary of State