

F18000003623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Michael GAVE

RELOCATION BY PHONE TO
correct Corporate suffix

8/6/18

FOR EXAM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hudson Valley Radiologists, P.C.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Mark Newton
Name of Person

Hudson Valley Radiologists, P.C.
Firm/Company

2678 South Rd., Ste. 202
Address

Poughkeepsie, NY 12601
City/State and Zip code

mbetros@darangelo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Betros at (845) 473-7774
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Hudson Valley Radiologists, 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. 14-1540066

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. 10/28/71

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. 1/1/18

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

7. 2678 South Rd., Ste. 202 Poughkeepsie, NY 12601

(Principal office address)

(Current mailing address, if different)

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

Name: Northwest Registered Agent, LLC.

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa, Florida 33607

(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.



Northwest Registered Agent, LLC.

Tom Glover

- 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 list

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Rich Friedland

Address: 2678 South Rd., Ste. 202 Poughkeepsie, NY 12601

Vice President: Bryan Yen

Address: 2678 South Rd., Ste. 202 Poughkeepsie, NY 12601

Secretary: Benjamin Hentel

Address: 2678 South Rd., Ste. 202 Poughkeepsie, NY 12601

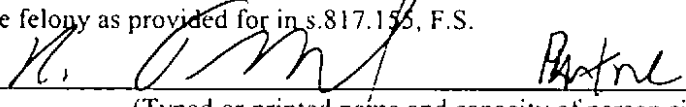
Treasurer: Donald Lien

Address: 2678 South Rd., Ste. 202 Poughkeepsie, NY 12601

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 11 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. 
(Typed or printed name and capacity of person signing application)

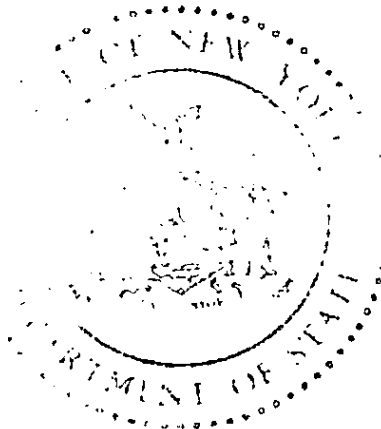
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Name	Board	Officer	Residence Address
Victor Gaines, MD	Director	VP	14 Marion Way, LaGrangeville, NY 12540
Richard Friedland, MD	Director, Chair	President	57 Kingwood Park, Poughkeepsie, NY 12601
Bryan Yen, MD	Director	VP	5 Duhamel Drive, Hopewell Jct., NY 12533
Don Lien, MD	Director	Treasurer	70 Fulton Ave, Rye NY 10580
Emil Shih, MD	Director	VP	14 Hilee Road, Rhinebeck, NY 12572
Joseph Antonio, MD	Director	VP	60 Michaels Lane, Poughkeepsie, NY 12603
Benjamin Seckler, MD	Director	VP	18 West Rd, Great Barrington, MA 01230
Michael Bromley, MD	Director	VP	5 Harrison Court, Cortland Mannor, NY 10567
Bruce Gendron, MD	Director	VP	27 Timberline Drive, Poughkeepsie NY 12603
Jonathan Crystal, MD	Director	VP	110 Canaan Road, New Paltz NY 12561
Benjamin Hentel, MD	Director	Secretary	740 Brender Lane, Yorktown Heights, NY 10598
David Krakowski, MD	Director	VP	49 Evergreen Ave., Poughkeepsie, NY 12601
Jon Lewis, MD	Director	VP	12 Caligiuri Court, LaGrangeville, NY 12540
Nancy Cooper, MD	Director	VP	11 House Road, Warwick, NY 10990
Yiping Zhang, MD	Director	VP	17 Argent Dr, Poughkeepsie, NY 12603

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of HUDSON VALLEY RADIOLOGISTS, P.C. was filed on 10/28/1971, under the name of JEROME KRIEGER, M. D., P. C., 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.

A Certificate of Amendment JEROME KRIEGER, M. D., P. C., changing its name to HUDSON VALLEY RADIOLOGISTS, P.C., was filed 06/13/1974.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 19th day of July two
thousand and eighteen.*

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a horizontal line.

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*